Tri-County Behavioral Healthcare Board of Trustees Meeting

March 28, 2024

Tri-County Behavioral Healthcare

Healthy Minds. Meaningful Lives.

Notice is hereby given that a regular meeting of the Board of Trustees of Tri-County Behavioral Healthcare will be held on Thursday, March 28, 2024. The Business Committee will convene at 9:30 a.m., the Program Committee will convene at 9:30 a.m. and the Board meeting will convene at 10:00 a.m. at 233 Sgt. Ed Holcomb Blvd. S., Conroe, Texas. The public is invited to attend and offer comments to the Board of Trustees between 10:00 a.m. and 10:05 a.m. In compliance with the Americans with Disabilities Act, Tri-County Behavioral Healthcare will provide for reasonable accommodations for persons attending the Board Meeting. To better serve you, a request should be received with 48 hours prior to the meeting. Please contact Tri-County Behavioral Healthcare at 936-521-6119.

AGENDA

I. Organizational Items
- A. Chair Calls Meeting to Order
- B. Public Comment
- C. Quorum
- D. Review & Act on Requests for Excused Absence

II. Approve Minutes - February 22, 2024 and March 6, 2024

III. Program Presentation - IDD Awareness Day

IV. Executive Director's Report - Evan Roberson
- A. Cleveland Facility Update
- B. CCBHC Recertification
- C. IDD Audit
- D. Sonja Gaines Retirement

V. Chief Financial Officer's Report - Millie McDuffey
- A. FY 2023 HCS and MEI Cost Reports
- B. HSC/TxHmL FY 2022 Cost Report - Desk Review
- C. Budget Revision for FY 2024 - Coming Soon
- D. Full Review of all Financial Procedures
- E. 990 is Complete for FY 2023, Tax Return Year 2022. Will be presented at the April Board Meeting for Information Only.

VI. Program Committee

Information Items

VII. Executive Committee

Information Items

A. Personnel Report for February 2024 ..... *63-66*
B. Texas Council Risk Management Fund Claims Summary as of February 2024 ..... *67-68*

VIII. Business Committee

Action Items

A. Approve February 2024 Financial Statements *69-84*
B. Approve Texas Council Risk Management Fund Minimum Contribution Plan for Workers' Compensation Coverage *85-86*
C. Approve HHSC Grant Agreement, Contract No. HHS001285300016, Multisystemic Therapy Grant Program *87*

Information Items

D. 2nd Quarter FY 2024 Investment Report *88-92*
E. Board of Trustees Unit Financial Statement for February 2024 ..... *93-94*

IX. Executive Session in compliance with Texas Government Code Section 551.071, Consultation with Attorney.

Posted By:

Ava Green
Executive Assistant

BOARD OF TRUSTEES MEETING
February 22, 2024

Board Members Present:
Patti Atkins
Gail Page
Sharon Walker
Carl Williamson
Richard Duren
Morris Johnson
Tracy Sorensen

Board Members Absent:
Jacob Paschal
Tim Cannon

Tri-County Staff Present:
Evan Roberson, Executive Director
Millie McDuffey, Chief Financial Officer
Sara Bradfield, Chief Operating Officer
Kenneth Barfield, Director of Management Information Systems
Kathy Foster, Director of IDD Provider Services
Tanya Bryant, Director of Quality Management and Support
Catherine Prestigiovanni, Director of Strategic Development
Yolanda Gude, Director of IDD Authority Services
Beth Dalman, Director of Crisis Access
Stephanie Ward, Director of Adult Behavioral Health
Andrea Scott, Chief Nursing Officer
Ashley Bare, HR Manager
Tabatha Abbott, Manager of Accounting
Ava Green, Executive Assistant

Legal Counsel Present: Jennifer Bryant, Jackson Walker LLP

Sheriff Representatives Present: None present

Guests: None

Call to Order: Board Chair, Patti Atkins, called the meeting to order at 10:06 a.m.

Public Comment: There was no public comment.

Quorum: There being seven (7) Board Members present, a quorum was established.

Resolution #02-22-01 **Motion Made By:** Tracy Sorensen
Seconded By: Sharon Walker, with affirmative votes by Morris Johnson, Gail Page, Richard Duren and Carl Williamson that it be…

Resolved: That the Board approve the absence of Jacob Paschal and Tim Cannon.

Resolution #02-22-02 **Motion Made By:** Morris Johnson
Seconded By: Richard Duren, with affirmative votes by Carl Williamson, Gail Page, Tracy Sorensen and Sharon Walker that it be…

Resolved: That the Board approve the minutes of the January 31, 2024 meeting of the Board of Trustees.

Program Presentation: 401(a) Retirement Plan Account Review presented by Scott Hayes, and Mannix Smith, from ISC Group Advisors.

Program Presentation: Longevity Presentations

Executive Director's Report:

The Executive Director's report is on file.

- New Texas Council Staff
- SIM Updates

Chief Financial Officer's Report:

The Chief Financial Officer's report is on file.

- CCBHC Cost Report
- CFO Consortium Update
- CAM Report
- Texas Council Risk Management Fund – Insurance Renewal

PROGRAM COMMITTEE:

The Community Resources Report was reviewed for information purposes only.

The Consumer Services Reports for January 2024 was reviewed for information purposes only.

The Program Updates Report was reviewed for information purposes only.

EXECUTIVE COMMITTEE:

The Personnel Report for January 2024 was reviewed for information purposes only.

The Texas Council Risk Management Fund Claims Summary as of January 2024 was reviewed for information purposes only.

The Texas Council Quarterly Board Meeting Update was reviewed for information purposes only.

BUSINESS COMMITTEE:

Resolution #02-22-03 **Motion Made By:** Morris Johnson
Seconded By: Richard Duren, with affirmative votes by Tracy Sorensen, Sharon Walker, Gail Page and Carl Williamson that it be…

Resolved: That the Board approve the January 2024 Financial Statements.

The SAMHSA Grant Transitions Update was reviewed for information purposes only.

The Board Unit Financial Statements for January 2024 were reviewed for information purposes only.

The regular meeting of the Board of Trustees adjourned at 11:18 a.m. to go into Executive Session in compliance with Texas Government Code Section 551.071 - Consultation with Attorney; and Section 551.072 - Real Property; 402 Liberty Street, Cleveland, Texas and Section 551.074 - Personnel.

The meeting of the Board of Trustees reconvened at 11:23 a.m. to go into Executive Session.

No Action was taken.

The Executive Session of the Board of Trustees adjourned at 12:04 p.m. to go into the regular meeting.

The regular meeting of the Board of Trustees reconvened at 12:06 p.m. and adjourned at 12:07 p.m.

Adjournment: **Attest:**

_____ _____

Patti Atkins Date
Chair

Jacob Paschal Date
Secretary

SPECIAL CALLED BOARD OF TRUSTEES MEETING
March 6, 2024

Board Members Present:
Patti Atkins – 2000 Panther Lane, Liberty, TX
Gail Page – 2000 Panther Lane, Liberty, TX
Sharon Walker – 233 Sgt Ed Holcomb Blvd S, Conroe, TX
Carl Williamson – Via Video
Richard Duren – 233 Sgt Ed Holcomb Blvd S, Conroe, TX
Morris Johnson – 233 Sgt Ed Holcomb Blvd S, Conroe, TX
Tracy Sorensen – Via Video
Jacob Paschal – Via Video

Board Members Absent:
Tim Cannon

Tri-County Staff Present:
Evan Roberson, Executive Director
Millie McDuffey, Chief Financial Officer
Sara Bradfield, Chief Operating Officer
Andrea Scott, Chief Nursing Officer
Ava Green, Executive Assistant

Legal Counsel Present: Jennifer Bryant with Jackson Walker LLP

Sheriff Representatives Present: None present

Guests: Randy Farber with Jackson Walker LLP, Kendal Hauck with Municipal Capital Markets Group, Inc., Fred Cornwall with Municipal Capital Markets Group, Inc., and Abe Benavides with McCall, Parkhurst & Horton LLP.

Call to Order: Board Chair, Patti Atkins, called the meeting to order at 10:00 a.m., 2000 Panther Lane, Liberty, Texas.

Public Comment: There was no public comment.

Quorum: There being eight (8) Board Members present, a quorum was established.

Resolution #03-06-01

Motion Made By: Gail Page

Seconded By: Tracy Sorensen, with affirmative votes by Morris Johnson, Sharon Walker, Richard Duren, Jacob Paschal and Carl Williamson that it be…

Resolved: That the Board approve the absence of Tim Cannon.

Resolution #03-06-02

Motion Made By: Gail Page

Seconded By: Sharon Walker, with affirmative votes by Morris Johnson, Richard Duren, Carl Williamson, Tracy Sorensen and Jacob Paschal that it be…

Resolved: That the Board approve the Resolution of the Board of Trustees authorizing the issuance of bonds as authorized by the act to accomplish the purposes of this resolution; approving certain documents in connection therewith; providing for the security and payment of amounts due thereunder; and related matters.

The regular meeting of the Board of Trustees adjourned at 10:24 a. m.

Adjournment:

_____

Patti Atkins Date
Chair

Attest:

_____

Jacob Paschal Date
Secretary

Agenda Item: Community Resources Report **Committee:** Program	**Board Meeting Date:** March 28, 2024
Background Information: None	
Supporting Documentation: Community Resources Report	
Recommended Action: **For Information Only**	

Community Resources Report
February 23, 2024 – March 28, 2024

Volunteer Hours:

Location	February
Conroe	84.5
Cleveland	9
Liberty	31.27
Huntsville	8.5
Total	**133.27**

COMMUNITY ACTIVITIES

2/23/24	Walker County Juvenile Probation Staffing Meeting	Huntsville
2/23/24	Hope Rising Conference	The Woodlands
2/23/24	Ben Milam Elementary Rodeo Night	Conroe
2/26/24	Behavioral Health Suicide Prevention Task Force Meeting - Major Mental Health Group	Conroe
2/26/24	Houston Food Bank Meeting	Houston
2/27/24	New Waverly Student Health Advisory Committee	New Waverly
2/27/24	Montgomery ISD Parent Night Resource Fair	Montgomery
2/27/24	Montgomery County Food Bank Meeting	Conroe
2/27/24	Walker County Community Resource Collaboration Group	Huntsville
2/28/24	Camp Valor Veterans Collaboration	Conroe
2/28/24	Montgomery County Community Crisis Collaborative	Conroe
2/28/24	Conroe Noon Lions Luncheon	Conroe
2/28/24	Montgomery County Veterans Treatment Court	Conroe
2/28/24	Motivating, Educating and Training (MET) Roundtable Event	Cleveland
2/28/24	Outreach, Screening and Referral Meeting (OSAR) Quarterly Meeting	Conroe
2/29/24	MCHD and PETC Partnership Meeting	Conroe
2/29/24	Conroe Police Department Police Academy Graduation	Conroe
3/1/24	Huntsville ISD School Counselor Site Tour - Tri-County	Huntsville
3/2/24	Conroe ISD YOUniversity Resource Fair	Conroe
3/4/24	First Episode Psychosis (FEP) Presentation at Aspire Hospital	Conroe
3/5/24	First Episode Psychosis (FEP) Presentation at Lone Star College	The Woodlands
3/5/24	Home and Community - Based Services Presentation for Special Education at CISD Hauke Admin Building	Conroe
3/5/24	First Responders Meeting by Getting Sorted - Virtual	Conroe
3/5/24	Liberty County Community Coalition	Cleveland
3/6/24	Regional Outreach, Screening and Referral Meeting (OSAR) Quarterly Meeting - Virtual	Conroe
3/6/24	Conroe Noon Lions Club Luncheon	Conroe
3/6/24	Conroe Noon Lions Club Presidents and Secretaries Meeting	Houston

3/6/24	Willis ISD Transition & Resource Fair	Willis
3/6/24	Autism Training for SHSU for Student Counseling Interns	Conroe
3/6/24	Child Crisis Collaborative of Montgomery County	Conroe
3/7/24	Housing Meeting with The Way Home	Conroe
3/7/24	Conroe ISD Transition & Resource Fair	Conroe
3/7/24	PATH Conroe Housing Meeting	Conroe
3/7/24	Meeting with Congressman Luttrell's Chief of Staff	Conroe
3/8/24	Huntsville ISD Transition Fair	Huntsville
3/8/24	Authorized Provider Network Planning Team Meeting - Virtual	Conroe
3/9/24	Public Health Summit - Compassion United	Conroe
3/11/24	Mental Health First Aid for Veterans & Family	Liberty
3/11/24	Behavioral Health Suicide Prevention Task Force Meeting - Neurodiversity Special Needs Workgroup	Conroe
3/11/24	Conroe Homeless Coalition Meeting	Conroe
3/11/24	Camp Valor Veteran Collaborative	Conroe
3/13/24	Conroe Noon Lions Club Luncheon	Conroe
3/13/24	Conroe Noon Lions Club Board Meeting	Conroe
3/14/24	Adult Mental Health First Aid Open Community Training	Conroe
3/15/24	Texas Children's & Crisis Services Meeting - Virtual	The Woodlands
3/16/24	Texas Veteran Land Expo	Conroe
3/18/24	Cleveland ISD School Counselor Collaboration Meeting	Cleveland
3/19/24	Camp Valor Veteran Collaborative	Conroe
3/19/24	Montgomery County Community Resource Collaboration Group - Virtual	Conroe
3/19/24	MCHD Community Response & CIT Units Meeting	Conroe
3/20/24	Conroe Noon Lions Luncheon	Conroe
3/20/24	Montgomery County Community Assistance Recovery Efforts and Services (MCCARES) Mental and Spiritual Health Subgroup Meeting - Virtual	Conroe
3/21/24	Hope Elementary Parent Night	Conroe
3/21/24	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
3/21/24	Social Determinants of Health (SDoH) Workgroup - Virtual	Conroe
3/22/24	Walker County Juvenile Probation Staffing Meeting	Huntsville
3/22/24	Veteran Resource Marketing Fair HEARTS Museum	Huntsville
3/22/24	Behavioral Health Suicide Prevention Task Force Meeting-Addictions Workgroup	Conroe
3/23/24	IDD Awareness Day	Conroe
3/25/24	Behavioral Health Suicide Prevention Task Force Meeting - Major Mental Health Group	Conroe
3/26/24	Huntsville-Walker County Chamber of Commerce Business After Hours sponsored by Sam Houston Memorial Funeral Home	Huntsville
3/26/24	Introduction to Human Services IDD Presentation - Lone Star College	Conroe

3/26/24	Walker County Community Resource Collaboration Group	Huntsville
3/26/24	Dispute Resolution Bookmark Judging	Conroe
3/27/24	Conroe Noon Lions Club Luncheon	Conroe
3/27/24	Montgomery County Community Crisis Collaborative	Conroe
3/27/24	Adult Mental Health First Aid Open Community Training	Conroe
3/27/24	Youth Mental Health First Aid - Region 4	Conroe
3/27/24	Tomball Healthy U Event Lone Star College	Tomball
3/28/24	Family Assistance Center Tabletop Exercise	Huntsville

UPCOMING ACTIVITIES:

3/30/24	Camp Valor Veteran Collaborative	Conroe
4/1/24	Youth Mental Health First Aid - All Staff Willis ISD	Willis
4/3/24	Conroe Noon Lions Club Luncheon	Conroe
4/3/24	Conroe Noon Lions Club Presidents & Secretaries Meeting	Houston
4/3/24	Child Crisis Collaborative of Montgomery County	Conroe
4/4/24	SHSU Resource Fair - Raise Awareness About Sexual Violence	Huntsville
4/5/24	Lecture by Dr. Maria Quintero-Conk - Demystifying State Agencies - Lone Star Lend	Houston
4/6/24	Caney Creek Health Fair	Conroe
4/8/24	Behavioral Health Suicide Prevention Task Force - Neurodiversity/Special Needs	Conroe
4/8/24	Conroe Homeless Taskforce Meeting	Conroe
4/8/24	Walker County Child & Adult Crisis Collaborative	Huntsville
4/10/24	Spanish AS+K Training	Conroe
4/12/24	SHSU School of Nursing Health Fair	The Woodlands
4/13/24	Interfaith Healthy Kids Festival	Conroe
4/13/24	"Get Ready - The Woodlands" Community Event	The Woodlands
4/16/24	Adult Mental Health First Aid - Open Community Training	Conroe
4/16/24	Montgomery County Community Resource Collaboration Group	Conroe
4/17/24	Adult Mental Health First Aid Public Safety Employees	Conroe
4/17/24	Conroe Noon Lions Club Luncheon	Conroe
4/18/24	Youth Mental Health First Aid - ESC6	Huntsville
4/18/24	Behavioral Health Suicide Prevention Task Force Meeting	Conroe
4/19/24	Youth Mental Health First Aid - Christ Church Preschool	The Woodlands
4/20/24	Youth Mental Health First Aid - Open Community Training	Conroe
4/22/24	Behavioral Health Suicide Prevention Task Force Meeting - Major Mental Health Group	Conroe
4/22 – 4/23/24	The Woodlands High School Law Enforcement Safety Day Presentations	The Woodlands
4/23/24	Walker County Community Resource Collaboration Group	Huntsville
4/24/24	Conroe Noon Lions Club Luncheon	Conroe
4/24/24	Adult Mental Health First Aid Public Safety Employees	Conroe

4/24/24	Montgomery County Community Behavioral Health Partners	Conroe
4/26/24	Walker County Juvenile Probation Staffing Meeting	Huntsville
4/27/24	Adult Mental Health First Aid - Open Community Training	Conroe
4/27/24	Conroe KidzFest	Conroe

Agenda Item: Consumer Services Report for February 2024 **Committee:** Program	**Board Meeting Date:** March 28, 2024
Background Information: None	
Supporting Documentation: Consumer Services Report for February 2024	
Recommended Action: **For Information Only**	

CONSUMER SERVICES REPORT
February 2024

Crisis Services, MH Adults/Children Served	MONTGOMERY COUNTY	LIBERTY COUNTY	WALKER COUNTY	CONROE CLINICS	PORTER CLINIC	CLEVELAND CLINIC	LIBERTY CLINIC	COUNTY TOTAL
Crisis Assessments and Interventions	369	22	27	369	0	16	6	**418**
Crisis Hotline Served	327	74	29	-	-	-	-	**430**
Crisis Stabilization Unit	28	1	1	28	-	1	2	**32**
Crisis Stabilization Unit Bed Days	129	7	1	129	-	1	6	**137**
Adult Contract Hospital Admissions	75	4	8	75	-	2	2	**87**
Child and Youth Contract Hospital Admissions	12	1	0	12	0	1	0	**13**
Total State Hospital Admissions (Civil only)	0	0	0	0	0	0	0	**0**
Routine Services, MH Adults/Children Served								
Adult Levels of Care (LOC 1-5, EO, TAY)	1100	219	126	1100	-	125	94	**1445**
Adult Medication	1053	225	170	1053	-	127	98	**1448**
Child Levels of Care (LOC 1-5, EO, YC,YES)	789	109	112	549	246	67	36	**1010**
Child Medication	322	36	39	210	122	24	2	**397**
School Based Clinics	97	8	0	-	-	-	-	**105**
TCOOMMI (Adult Only)	95	31	10	95	-	17	14	**136**
Adult Jail Diversions	5	0	0	5	-	0	0	**5**
Expanded Therapy (SAMHSA, ARPA)	155	16	2	-	-	-	-	**173**
Veterans Served								
Veterans Served - Therapy	36	6	1	-	-	-	-	**43**
Veterans Served - Case Management	14	7	1	-	-	-	-	**22**
Persons Served by Program, IDD								
Number of New Enrollments for IDD	10	0	1	10	-	0	0	**11**
Service Coordination	725	77	71	725	-	38	39	**873**
Individualized Skills and Socialization (ISS)	13	17	19	-	-	6	10	**49**
Persons Enrolled in Programs, IDD								
Center Waiver Services (HCS, Supervised Living)	26	15	18	26	-	6	9	**59**
Substance Use Services, Adults and Youth Served								
Children and Youth Prevention - Groups	459	27	9	-	-	-	-	**495**
Children and Youth Prevention - Presentations	621	7	45	-	-	-	-	**673**
Youth Substance Use Disorder Treatment/COPSD	21	0	0	21	-	0	0	**21**
Adult Substance Use Disorder Treatment/COPSD	27	1	3	28	-	0	0	**31**

Waiting/Interest Lists as of Month End								
Home and Community Based Services Interest List	1909	318	220	-	-	-	-	**2447**
SAMHSA Grant Served								
SAMHSA CCBHC	105	40	7	89	16	36	4	**152**
SAMHSA CMHC	475	49	27	469	6	30	19	**551**
January Served								
Adult Mental Health	1784	306	188	1784	-	194	112	**2278**
Child Mental Health	1013	105	116	683	330	76	29	**1234**
Intellectual and Developmental Disabilities	844	102	82	844	-	52	50	**1028**
Total Served	**3641**	**513**	**386**	**3311**	**330**	**322**	**191**	**4540**
February Served								
Adult Mental Health	1854	313	244	1854	-	188	125	**2411**
Child Mental Health	1060	132	118	767	293	88	44	**1310**
Intellectual and Developmental Disabilities	899	128	90	899	-	63	65	**1117**
Total Served	**3813**	**573**	**452**	**3520**	**293**	**339**	**234**	**4838**

Agenda Item: Program Updates **Committee:** Program	**Board Meeting Date:** March 28, 2024
Background Information: None	
Supporting Documentation: Program Updates	
Recommended Action: **For Information Only**	

Program Updates
February 23, 2024 – March 28, 2024

Crisis Services

1. The Crisis Stabilization Unit (CSU) is continuing to work with Genoa to build a Cubex machine which will allow the CSU to keep controlled substances on the unit as stock medications and available for use at all times. These stock medications are needed to safely provide withdrawal management to folks with co-occurring substance use disorders, as well as to individuals who may be experiencing higher levels of aggression.
2. Additionally, the CSU has experienced staffing shortages recently, but the team has pulled together to problem solve and find ways to fill in the gaps to ensure services continue for our community. The team hosted a Job Fair on February 29th, and another one on March 11th with promising outcomes.
3. PETC Crisis staff assessed an overall average of 11.38 individuals per day in February, compared to 11.16 individuals per day in January. In total, 298 individuals were provided with 330 crisis assessments in February; 72% of these assessments were provided to adults and 28% to youth, ages 5 to 17 years of age.
4. In the month of February, Tri-County funded behavioral health hospital admissions for 90 adults and 15 youth. Of those admitted, 60% were assessed at a local emergency room; 23.8% were assessed at the PETC; and 15.2% were assessed at the site of the emergency call by our CIT clinician and officer, then directly admitted to the behavioral hospital. Out of the 105 admissions, 86% were referred as involuntary admissions with the other 14% referred for voluntary admission.
5. We currently have a staff vacancy rate of 22%. Our Team A Supervisor started New Employee Orientation on March 11th. We believe having this supervisor position filled will help stabilize our Team A, which has functioned without a direct supervisor for the majority of the past year. We are still interviewing for two MCOT night positions, one MCOT day position, an evening support staff, and a CIT clinician.

MH Adult Services

1. Our new Adult Outpatient physician, Dr. Gonzales, has completed training and is now working with his caseload.
2. One of our Adult Outpatient physicians is out on medical leave currently, but her role is being covered by a locum tenens physician.
3. Several staff have been selected to participate in a pilot to test out televideo services in the post-COVID world. The target population are individuals who lack access to regular transportation, struggle with regular participation in services, and who prefer video appointments over face-to-face. The goal of offering televideo services is to promote easier access to services in a manner that is supportive to the individual's needs, and equal in quality to face to face services.
4. The FEP program is hiring a previous employee to fill the Family Partner role. This role will help fill a gap in the supportive wraparound services by providing education and support to family members of individuals who are new to experiencing mental health challenges.

5. PATH groups are gaining momentum in the community. PATH now provides mental health psychoeducation groups at three locations that serve the unhoused population, and they are typically serving 10-14 individuals in this fashion weekly. The second PATH role was also filled, so the Housing team is fully staffed.
6. The ACT team has had three recent successful graduations from the program. People served on the ACT team not only have complex mental health needs, but also tend to experience complex medical needs, have a history of encounters with law enforcement, periods of homelessness, and lack of natural supports. The ACT team celebrates successful graduations, and looks forward to making room for new participants on the team.

MH Child and Youth Services

1. Both of our new school-based sites in Huntsville ISD are fully staffed. School administrators have expressed appreciation that these sites allow students to access services who would not otherwise do so. They also like the enhanced collaboration between the school and mental health providers. We are currently serving over 30 students in this program, but this number will quickly increase due to the number of referrals we are receiving.
2. On March 1st we hosted 13 Huntsville ISD Counselors at our new Huntsville Clinic. Staff reviewed the outpatient intake process for kids with the counselors and discussed what to expect if a child is referred in crisis. The Counselors expressed appreciation for the information and the tour of the clinic.
3. We are working with Cleveland ISD School Counselors to find space to meet with our clients on their very full campuses. Space has been a challenge for many of their campuses and has impacted client care as they do not want us to transport students off of campus.
4. We have recently been asked to join several virtual meetings and to collaborate with HHSC and other state agencies regarding complex cases moving into our area. These youth and families are heavily involved with Texas Juvenile Justice Department (TJJD) or Texas Department of Family Services (TDFS). HHSC has expressed appreciation about the significant amount of time and effort we are spending to assist with the transitions.

Criminal Justice Services

1. TCOOMMI has been notified of a program audit planned for this summer.
2. Fifty-four 16.22 jail assessments (a 16.22 assessment provides mental health history and treatment recommendations for those who are suspected of having mental illness or IDD who are involved in the criminal justice system) were ordered and completed in February. Fifty-one for Montgomery county, and three for Liberty County.

Substance Use Disorder Services

1. The Substance Use team continues to work with other departments to further integrate care and collaboration efforts in line with the CCBHC philosophy. The department is updating internal documentation to ensure we are meeting contract expectations, as well as facility licensing requirements, and CCBHC initiatives.

2. Counselors are implementing more physical activities into groups to creatively expand into a holistic approach by including yoga, walking, meditation and mindfulness into the day.
3. Our Youth Substance Use Prevention Team will be participating in New Waverly ISD's Health and Safety Summit at the High School again this year. They will present on both vaping and cyberbullying.
4. This is the busiest time of the year for our Prevention Team. They have either participated in or will be participating in numerous large events hosted by local schools and ISDs, including Montgomery High School Special Education Parent Night, Milam Elementary Rodeo Night, Conroe ISD YOUniversity, San Jacinto Elementary Literacy Night, Ben Milam Elementary Spring Carnival, Wilkinson Elementary Early Childhood Event, and the Caney Creek Feeder Zone Health Event.
5. The Prevention Team is hosting booths at both Interfaith's Healthy Kids Festival and Conroe KidzFest in April.
6. We are partnered with Boys and Girls Club of Walker County to provide presentations during Spring Break and continue our partnership from past years to provide activities and presentations during their summer camp.
7. The prevention manager is planning vaping presentations for students who attend Cleveland High School and Cleveland Middle School.

IDD Services

1. IDD Provider Services has a total of six individuals that have lost their Medicaid compared to the 10 reported last month. There are nine additional clients with renewal packets due over the next 90 days. The Provider team is working to assist families in submitting their packet and linking them with benefits department if more detailed assistance is required.
2. IDD Provider revenue is down due to several months of missed billing due to Medicaid losses. While our revenue is down so are our expenditures because we do not pay the Host Home contractors until the Medicaid is reinstated.
3. IDD Provider Services is actively searching for a four bedroom home in Huntsville to rent as our apartment lease is up for renewal soon.
4. We have multiple full time and part time positions vacant, including a weekend position in the group home. Huntsville appears to be our challenging area at this time to recruit and retain staff.
5. IDD Authority Services continues to see high turnover rates for the Service Coordinators in our Waiver Program area. We have recently had two individuals decline offers, after having been excited about the position. We are also still interviewing for an Administrator in our PASRR services area, which covers individuals with IDD & MI who reside in Nursing Facilities.
6. On February 23rd IDD Authority Services received its DRAFT Debriefing and Report of Findings (ROF) for our FY24 Quality Assurance Authority Review, which occurred February 12th through February 15th, 2024. The Contract Accountability & Oversight (CAO) team was very complimentary of the quality of services we provide to those we serve, and stated they could tell we worked very hard on improving service outcomes. FINAL scores are expected sometime in March. We received the following scores in the five program areas:

a. Quality Assurance – 99.3%
b. GR/CFC – 99.1%
c. HCS – 94.4%
d. PASRR – 93.6%
e. TxHmL – 93.6%

Support Services

1. **Quality Management (QM):**
   a. Quality Management, in collaboration with Child and Youth Program staff have submitted the YES Waiver Audit Corrective Action Plan to HHSC.
   b. Staff continue to monitor and complete Corrective Action Plans for several HHSC audits which have taken place over the past six months.
   c. In addition to routine and ongoing quality assurance of documentation, staff reviewed 24 progress notes prior to billing to ensure compliance. Additional training and follow-up was provided with staff and supervisors when needed.

2. **Utilization Management (UM):**
   a. Staff reviewed 10% of all discharges for the month of February.
   b. Staff reviewed all notes that utilized the COPSD modifier for the month of February and provided feedback as needed to program staff.
   c. Staff reviewed 10% of progress notes that utilized the MCOT modifier for the month of February, to ensure continuous quality improvement.

3. **Training:**
   d. The Training Department has made updates to training materials following recommendations from the HHSC SUD QM Audit which meet expectations outlined in the corresponding Corrective Action Plan.
   e. Staff are awaiting the CAP from the SUD Facility Audit in order to reassess how the Center documents and tracks SUD training files due to differences in how HHSC would like these program trainings maintained.

4. **Veteran Services and Veterans Counseling/Crisis:**
   a. We currently have two case management openings that we are interviewing for.
   b. We continue to provide in-person and televideo counseling to veterans and their families, along with providing counseling in the Liberty County and Montgomery County Veteran Jail Pods.

5. **Planning and Network Advisory Committee(s) (MH and IDD PNACs):**
   The IDD PNAC met on February 28, 2024 to review Center and program updates, community collaborations and review performance measures. The PNAC voiced concern over the recent increase in individuals with IDD losing Medicaid following the end of the continuous Medicaid eligibility period. They recommend that individuals served and their families along with staff remain diligent to ensure there is not lapse in Medicaid coverage for our clients. The PNAC voiced excitement over the upcoming IDD Awareness Day on March 23rd.

6. **Community Activities**
    a. The Director of Strategic Development and Regional Veteran's Service Liaison met with Congressman Luttrell's Chief of Staff to discuss all things veteran. He is very interested in our program and is offering support to ensure the program continues.

Agenda Item: Year to Date FY 2024 Goals and Objectives Progress Report **Committee:** Program	**Board Meeting Date** March 28, 2024

Background Information:

The Management Team met on August 11, 2023 to update the five-year strategic plan and to develop the goals for FY 2024. The strategic plan and related goals were approved by the Board of Trustees at the September 2023 Board meeting. Subsequently, the Management Team developed objectives for each of the goals.

These goals are in addition to the contractual requirements of the Center's contracts with the Health and Human Services Commission or other contractors.

This report shows progress year to date for Fiscal Year 2024.

Supporting Documentation:

FY 2024, Year to Date Goals and Objectives Progress Report

Recommended Action:

For Information Only

Year-to-Date Progress Report

September 1, 2023 – March 28, 2024

Goal #1 – Clinical Excellence

Objective 1:

Staff will successfully complete Certified Community Behavioral Health Clinic (CCBHC) recertification by March 31, 2024.

- The CCBHC Team prepared over 250 documents, including procedures, data points, and narratives that demonstrate compliance with CCBHC requirements and standards. These documents were submitted to HHSC for review on Oct. 23rd.
- HHSC provided an initial response to the submission in December, providing targeted feedback and a preliminary score of 64%. To recertify, the Center is required to score at least 90% on all six Program Requirements. The CCBHC Team prepared additional documents and made updates to others to improve this score and participated in a technical assistance call with HHSC in January to review next steps toward recertification.
- The CCBHC Team is also building awareness of CCBHC principles and changes made to align with CCBHC standards both Center-wide through monthly games as well as providing targeted training a designated group of direct care and managerial staff, called CCBHC University. Staff involved in CCBHC University II were interviewed by HHSC as a final step in the recertification process to share how CCBHC has been implemented Center-wide.
- On January 19th, the CCBHC Team submitted a second set of documents, including procedures and narratives to demonstrate compliance with CCBHC requirements and standards and address any areas of deficiency identified in the initial submission.
- On February 6th, 16 staff who participated in CCBHC University II completed an interview with HHSC to share how CCBHC has been implemented. Staff did a great job representing the Center and demonstrating how certification has positively impacted the work being done.
- On March 8th, the CCBHC Team had a final interview with HHSC. During this meeting, it was shared that all requirements have been met for recertification and that the Center received an overall score of 97% on the recertification.
- A 'graduation' of the CCBHC University II class was held on March 8th. Each participant was recognized for their contribution to the success of the recertification and was provided with a CCBHC University Polo Shirt and Certificate of Appreciation.

Goal #2 – Community Connectedness

Objective 1:

Staff will facilitate the development of two new Crisis Collaborative Teams, one focused on Walker County and the other focused on Children and Youth, by March 31, 2024.

- The Child Crisis Collaborative has steadily gained momentum with 35 or more people in attendance each time. We have participation from all but one of the school districts in Montgomery county, along with a good mix of youth focused agencies: Juvenile Justice, the local child advocacy center, CASA, Lonestar Family Health, private psychiatric hospitals, other treatment providers, Department of Family and Protective Services, and others. Goals for this group are currently:
    1. Development of professional relationships between agencies
    2. Education on key programs that are common with our youth
    3. Development of documents that assist with referring youth and families for crisis assessment and intervention services
    4. Linkage between treatment providers and schools

  The group has recently developed a Google Doc for sharing contact information between agencies and a digital bulletin board for providing agency announcements and services that are available for youth in the community.
- The Walker Crisis Collaborative Team meets the second Monday of every month and has completed four meetings to date. With Judge Sorenson's assistance, the group has continued to grow as we explore different areas of behavioral health crisis services that are of interest to those who are participating. At our January 8th meeting, we had the largest attendance thus far with representatives from Huntsville ISD, all three of the area law enforcement agencies, Walker EMS, Huntsville Memorial Hospital, Good Shepherd Shelter, multiple judges, Lonestar Family Health, Juvenile Justice, and other valuable partners in Walker county.

Objective 2:

Staff will arrange and host a Health and Human Services Commission Sequential Intercept Model (SIM) planning event by May 31, 2024.

- The team has identified a participant list of approximately 60 community members representing various agencies including law enforcement, court systems, emergency departments, and corrections. Participants represent Montgomery County and Walker County, and represent every intercept point on the SIM model. After reaching out to Liberty County stakeholders and receiving little interest from the community, Liberty county will not be mapped at this event, however participants from that county are welcome to attend to learn about the process should there be interest in the future.
- The steering committee participated in a Kick Off Planning meeting in February. The team is gathering information about the current active resources at each intercept to eventually be identified on the map.
- SIM event is scheduled for June 12th-13th at the Lone Star Convention Center in Conroe.

Objective 3:

Staff will contract with a company or hire a staff to update all public-facing documents and refresh Tri-County social media sites by April 30, 2024.

- The team has completed an introductory call with a marketing vendor and conducted an initial review of the vendor's work. The vendor has experience working with LMHAs in the region and is interested in partnering with Tri-County.
- The team is working with staff to understand brochure, marketing, and social media needs for the Center as well as collecting existing materials and prioritizing areas of focus to start.
- The vendor is scheduled for an on-site visit in March to meet with the team, to tour the clinics, meet with staff, and begin understanding who we are and what we do.
- Following the visit, the vendor will begin creating drafts of marketing materials for approval and publishing. As part of the work to be done, the vendor will also review Tri-County social media sites and offer guidance and feedback on changes to be made.

Objective 4:

Staff will facilitate an IDD-focused community awareness event by April 30, 2024.

- The team has created a sub-committee comprised of staff from various programs around the Center to plan an IDD-focused community awareness event.
- One goal established by the team was to create a shirt that would be made available to all Center staff to wear on designated days that promote awareness of IDD. The initial design for the shirt has been completed and the team is actively working with a vendor on pricing and production of the design.
- The team has solidified a date for the IDD Awareness event, which will be held on March 23, 2024, from 10 am to 2 pm at the Conroe Office location.
- The team has finalized the flyer for the IDD Awareness event with plans to send out "Save the Date" email notifications to school districts, community partners, private providers, vendors, etc.
- The team has created a landing webpage for the IDD Awareness event that displays content relevant to the event, including registration information, volunteer information, and vendor information.
- IDD Awareness Day t-shirts were distributed to staff in all three counties, and mailed to those working remotely, the week of February 12th. PDF and PNG images were also shared with the ETBHN.
- Trainings for volunteers, and instructions for vendors have been developed for presentation/distribution the week preceding the awareness event.
- The Spirit Cookers have partnered with IDD Services, and will provide a free meal to staff volunteers, clients and staff assisting them.
- HEB has partnered with IDD Services, and will be onsite to distribute 300 bottles of water and soda. HEB Buddy, a surprise guest, will also walk alongside the Walk-n-Roll participants, helping to cheer them on.

- Sam's Club, Conroe location, has agreed to donate cases of water for the awareness event.
- IDD Awareness Day proclamations were issued in the Commissioner's Courts of Walker, Liberty & Montgomery counties.

Goal #3 – Information Technology

Objective 1:

Staff will make recommendations to the Board of Trustees about the use of Artificial or Augmented Intelligence software which will simplify task completion for staff by March 31, 2024.

- The team has started conducting research on the use of Artificial or Augmented Intelligence software to understand the types of programs and applications available, the impact these may have on task completion, and the implications of use on client care, as well as client and staff experience. The team is further exploring the impact of various programs on laws, rules, and standards, such as HIPAA, to determine viability and necessary action to ensure compliance with all applicable standards.
- The team has developed a Whitepaper to summarize findings and make recommendations for use of AI in the future. A draft of this document will be included in the March 28th Board Packet.

Goal #4 – Staff Development

Objective 1:

Staff will create a management development program which will begin by February 29, 2024.

- The team has partnered with Texas Council Risk Management Fund to provide two leadership trainings to up to 25 staff per training, starting in January.
- The team has partnered with a business consultant to provide a Leadership Development series, focused on providing a monthly classroom-style learning opportunity in addition to individual coaching sessions to two groups of leaders – emerging and front-line leaders, and mid-level leaders.
    - Proposed topics for this group include: value-based leadership, emotional intelligence, communication and conflict resolution, among others.
    - As part of the Leadership Development series, the Management Team will be provided with an executive level recap to include brief session overviews for program participants.
- The Texas Council Risk Management Fund were on-site in January to provide a two-day training to leadership staff, which was well received. The team is working with the Texas Council Risk Management Fund to coordinate a second training, tentatively scheduled to occur in May, focused on future leadership.

- The leadership development series, provided by a business consultant started at the end of January, providing two program tracks, Foundational Leadership and Advanced Leadership, to over 30 Center managers.
    - Staff have completed two sessions and have provided positive feedback regarding the process and applicability to the work.

Goal #5 – Fiscal Responsibility

Objective 1:

Staff will apply for at least two Substance Abuse and Mental Health Services Administration (SAMHSA) grants to enhance and/or expand services by August 31, 2024.

- The team has been actively monitoring the SAMHSA website and exploring opportunities. To date, the team has considered three grant opportunities that the Center is eligible to apply for and that may have a meaningful impact on individuals served and the community.
- Many of the available grants are highly competitive and careful consideration has been given to each.
- Some of the SAMHSA grants are reportedly held up by the Congressional Continuing Resolution process, but we do expect additional grant opportunities by the end of FY 24.

Agenda Item: 2nd Quarter FY 2024 Corporate Compliance and Quality Management Report **Committee:** Program	**Board Meeting Date** March 28, 2024

Background Information:

The Health and Human Service Commission's Performance Contract Notebook has a requirement that the Quality Management Department provide routine reports to the Board of Trustees about Quality Management Program activities.

Although Quality Management Program activities have been included in the program updates, it was determined that it might be appropriate, in light of this contract requirement, to provide more details regarding these activities.

Since the Corporate Compliance Program and Quality Management Program activities are similar in nature, the decision was made to incorporate the Quality Management Program activities into the Quarterly Corporate Compliance Report to the Board and to format this item similar to the program updates. The Corporate Compliance and Quality Management Report for the 2nd Quarter of FY 2024 are included in this Board packet.

Supporting Documentation:

2nd Quarter FY 2024 Corporate Compliance and Quality Management Report

Recommended Action:

For Information Only

Corporate Compliance and Quality Management Report
2nd Quarter, FY 2024

Corporate Compliance Activities

A. Key Statistics:

There were five compliance concerns reported in the 2nd Quarter of FY24. One of these concerns has been reviewed and investigated to completion, while the remainder are currently pending a final outcome and/or payback amount. The details are listed below:

1. The first was a concern of overlapped times and was reported by a supervisor, who found that a staff member had documented service times while clocked out for lunch. Following a review, it was determined that two services would need to be paid back ($350). The employee received retraining and a verbal warning.
2. The second issue was reported by Quality Management and involved concerns that an employee's service times were in exact 15-minute increments. Compliance completed a review, which confirmed the employee was purposely trying to bill in 15-minute increments, claiming this is how she was trained. The employee received retraining and a verbal warning. Payback is still being calculated. Compliance reviewed services provided by other team members who had received the same training, however no further issues were identified.
3. The third concern was identified by the HR Manager and forwarded to Compliance for a review. Compliance conducted a review, and determining that the issue would require the payback of three services, although the payback amount is still being calculated.
4. The fourth concern was reported by a supervisor, expressing concern that an employee had five consecutive services lasting the same amount of time. Compliance conducted a review and did not find any discrepancies within the mentioned services, but identified three other services that will result in payback. Payback and a final outcome are pending.
5. The fifth and final concern was forwarded by the HR Manager, for a review of an employee's services due to performance concerns. Compliance conducted a review and found one instance where the employee billed for a non-billable service. Payback is still being calculated, and the findings have been forwarded to the HR Manager.

B. Committee Activities:

The Corporate Compliance Committee met on January 24, 2024. The Committee reviewed the following:

1. A final summary of 1st Quarter investigations;
2. HIPAA Updates; and
3. Approval of Sun Behavioral Health's Corporate Compliance Action Plan.

Quality Management Initiatives

A. Key Statistics:

1. Staff participated in one internal and three external audits during the second quarter.
2. Staff reviewed and submitted six record requests, totaling 31 charts.
3. Staff conducted several ongoing internal audits including, but not limited to, documentation reviews, authorization override requests for clinically complex individuals, satisfaction survey reviews and use of the co-occurring psychiatric and substance use modifier as well as the Mobile Crisis Outreach Team Modifier.
4. The Continuous Quality Improvement Committee met on December 1st and February 9th.

B. Reviews/Audits:

1. The Administrator of Quality Management completed a Program Survey of Conroe Adult and Child Intake. The review focused on areas such as eligibility for services, documentation, staff training, human resources, client rights, safety, privacy, financials, and environment. Areas needing quality improvement were communicated to program managers.
2. Staff participated in the HHSC Yes Waiver Audit from January 29, 2024 – February 8, 2024. Staff were notified of this audit on January 8, 2024 and began preparing at that time along with program staff.
3. Staff participated in a surprise HHSC Substance Use Disorder Facility Audit on January 30, 2024 – February 1, 2024.
4. Staff participated in the IDD Authority Audit from February 12, 2024 – February 15, 2024. Staff were notified of this audit on January 4, 2024 and began preparing at that time along with program staff.
5. Staff continue to collect and review monthly quality assurance and satisfaction surveys from all program locations.
6. Staff prepared and submitted two record requests totaling 12 charts to Ambetter Health dating back to January 2023.
7. Staff prepared and submitted one record request totaling one chart to Cigna Healthcare dating back to January 2023.
8. Staff prepared and submitted two record requests totaling three charts to Molina dating back to January 2023.
9. Staff prepared and submitted one record request totaling 15 charts to Aetna dating back to January 2023.
10. Staff reviewed 96 notes that used the Co-Occurring Psychiatric and Substance Use Disorder modifier to ensure that the intervention was used appropriately.

This review indicated that the staff utilizing this code are using it correctly the majority of the time. Follow up was made with supervisors as needed for quality improvement purposes.

11. Staff reviewed 175 notes which used the MCOT Modifier for quality assurance purposes. Feedback was provided to staff and supervisors as needed to ensure proper use of the code.
12. Staff reviewed 89 discharges that occurred in Q2 and communicated areas that were needing improvement to supervisory staff.
13. Staff reviewed 73 MH Adult and Child and Youth progress notes for quality assurance purposes. Follow up was provided to supervisors as needed for any re-training purposes.
14. The Continuous Quality Improvement Committee met during the second quarter to review FY 24 Annual CQI Goals and discuss next steps toward meeting these goals.

Agenda Item: 3rd Quarter FY 2024 Corporate Compliance Training **Committee:** Program	**Board Meeting Date** March 28, 2024

Background Information:

As part of the Center's Corporate Compliance Program, training is developed each quarter for distribution to staff by their supervisors.

This training is included in the packet for ongoing education of the Tri-County Board of Trustees on Corporate Compliance issues.

Supporting Documentation:

3rd Quarter FY 2024 Corporate Compliance Training

Recommended Action:

For Information Only

COMPLIANCE NEWSLETTER

FY24, Quarter 3

Tri-County Behavioral Healthcare
Healthy Minds. Meaningful Lives.

NEWSLETTER HIGHLIGHTS

Speak Up: The Importance of Reporting Compliance Concerns

Reporting compliance concerns is not just a responsibility but a crucial step in upholding the integrity of our organization. By bringing potential issues to light, you contribute to maintaining a culture of transparency, accountability, and ethical conduct. Whether it's identifying financial irregularities, breaches of data privacy, or instances of misconduct, your vigilance helps mitigate risks and protect our company's reputation. Additionally, reporting compliance concerns demonstrates your commitment to upholding the values that define us as a responsible corporate citizen. Remember, your voice matters, and by speaking up, you play an integral role in safeguarding our organization's future.

WHEN IN DOUBT, REPORT IT OUT!

YOUR CORPORATE COMPLIANCE TEAM:

Stephanie Luis
Administrator of Compliance
stephanielu@tcbhc.org

Amy Foerster
Chief Compliance Officer
amyf@tcbhc.org

Ashley Bare
HR Manager
ashleyba@tcbhc.org

Compliance Concerns Hotline: 866-243-9252

Reports are kept confidential and may be made anonymously.
Reports may be made without fear of reprisal or penalties.
Report to your supervisor, or any Compliance team member any concerns of fraud, abuse, or other wrong-doing.

Agenda Item: Artificial Intelligence Whitepaper **Committee:** Program	**Board Meeting Date** March 28, 2024

Background Information:

Staff have prepared a whitepaper on Artificial Intelligence for the Board of Trustees as a part of Goal 3, Objective 1, Information Technology, for FY 2024. This whitepaper is intended to briefly summarize the history and current landscape of Artificial Intelligence in Behavioral Healthcare and to provide some considerations and recommendations for implementation of Artificial/Augmented Intelligence software at Tri-County.

It is recommended that the next steps include, at least, the following:

- Gauge staff opinion on the adoption and use of AI in clinical practice.
- Explore available AI technology for behavioral healthcare and determine which products both meet the needs of the Center and also has a strong track record of data security.
- Examine existing workflows to determine where and how AI may be used to improve efficiency and reduce staff burden.
- Develop policies and procedures that govern the appropriate use of AI at the Center.
- Develop training for staff on use of AI.
- Identify or hire staff who will be responsible for ensuring AI is functioning as it is intended.
- Use of funds from the Reserved for Board Initiatives line item to use in the implementation of the first clinical Artificial/Augmented Intelligence product for the Center.

Supporting Documentation:

Whitepaper: Artificial Intelligence in Behavioral Healthcare

Recommended Action:

For Information Only

2024

Artificial Intelligence in Behavioral Healthcare

CONSIDERATIONS FOR IMPLEMENTATION AND USE OF AI

EVAN ROBERSON, SARA BRADFIELD, AND KENNETH BARFIELD

Contents

Introduction

In Fiscal Year 2024, the Tri-County Behavioral Healthcare Board of Trustees has established a goal to understand Artificial Intelligence as it relates to the work that is completed by the staff of the Center, and has further asked Center Executive Management Team staff to "make recommendations to the Board of Trustees about the use of Artificial or Augmented Intelligence software which will simplify task completion" for our staff.

The Future of Artificial Intelligence

Much like the internet, which was created in 1983 but took 17 years[1] to be adopted in the most basic ways by the majority of users, Artificial Intelligence as we know it today is still in its infancy. Since 2012, "we've seen a surge in common-use AI tools, such as virtual assistants, search engines, etc. This time period also popularized Deep Learning and Big Data.[2]" However, we are likely at the beginning of what tasks AI will be able to do in our lifetimes, similar to where we were with dial-up internet in the 1990's. According to ChatGPT, an AI conversational chat engine created by Open AI, "in terms of its potential and the scope of what it could achieve…many experts believe that we have only scratched the surface of what AI can ultimately accomplish."[3] Despite being early in its inception, AI is rapidly advancing with new information, opportunities, and technologies released daily. Given this rapid acceleration, it is likely that even by the time this whitepaper is read, the information presented will be out of date. As such, it is clear that AI is here to stay: AI is "expected to contribute $15.7 trillion to the global economy by 2030, and AI in the healthcare market grew by 41.2% from 2018 to 2023."[4]

A Brief History of Artificial Intelligence

"Artificial intelligence is the overarching term that covers a wide variety of specific approaches and algorithms. Machine learning sits under that umbrella, but so do other major subfields, such as deep learning, robotics, expert systems, and natural language processing." [5] Marvin Minsky (Carnegie-Mellon University) defines AI as "the construction of computer programs that engage in tasks that are currently more satisfactorily performed by human beings because they require high-level mental processes such as perceptual learning, memory organization, and critical reasoning."[6]

[1] Pew Research Center. World Wide Web Timelines. 2014 March 11. Retrieved from https://www.pewresearch.org/internet/2014/03/11/world-wide-web-timeline/#:~:text=World%20Wide%20Web.-,1993,flourish%2C%E2%80%9D%20Wired%20later%20writes.

[2] Tableau. What is the History of Artificial Intelligence (AI)? Retrieved from https://www.tableau.com/data-insights/ai/history#:~:text=AI%20boom%3A%201980%2D1987&text=1980%3A%20First%20conference%20of%20the,based%20on%20the%20customer's%20needs.

[3] Chat GPT. Retrieved from https://chat.openai.com/c/3c73ff8e-dddd-46aa-837e-035af3704d9c.

[4] Webster, M. 149 AI Statistics: The Present and Future of AI at your Fingertips. 2024 January 10. Retrieved from https://www.authorityhacker.com/ai-statistics/#:~:text=The%20US%20AI%20market%20size,half%20a%20trillion%20US%20dollars.

[5] AI Versus Machine Learning: How Do They Differ? Retrieved from https://cloud.google.com/learn/artificial-intelligence-vs-machine-learning.

[6] Council of Europe. History of Artificial Intelligence. Retrieved from https://www.coe.int/en/web/artificial-intelligence/history-of-ai.

The concept of Machine Learning, which is the use and development of computer systems that are able to learn and adapt without following explicit instructions by using algorithms and statistical models to analyze and draw inferences from patterns in data[7], has been around since at least 1943 when Walter Pitts and Warren McCulloch presented the first mathematical model of neural networks in their paper "A Logical Calculus of the Ideas Immanent in Nervous Activity."[8]

The first program that utilized computer learning was developed by Frank Rosenblatt in 1957, but it wasn't until 1967 that computers were first programmed to understand very basic patterns.[9] The ability of a computer to be taught pattern recognition and predict next logical steps has continued to grow since 1967, and 30 years later, the culmination of 12 years of development, International Business Machines (IBM) used their chess-playing system, named 'Deep Blue' to "do something that no machine had ever done before" by defeating a reigning world champion in a chess match "under standard tournament controls."[10] "Deep Blue was able to evaluate 200 million chess positions per second…and about 11.38 billion floating-point operations per second," and used "32 computer processors to perform a set of coordinated, high-speed computations in parallel."[11] As part of the continued progression of Artificial Intelligence, in May of 2017, Google's Deep Mind AlphaGo Artificial Intelligence engine defeated Chinese World Champion Go player, Ke Jie. Go, is "considered to be one of the world's most complex games…with an astonishing 10 to the power of 170 possible board configurations" [12] which is "more than the number of atoms in the known universe."[13] Lee Sedol, winner of 18 World Go titles, after watching AlphaGo defeat Jie, said "I thought [Google's] AlphaGo was based on probability calculation and that it was merely a machine. But when I saw this move, I changed my mind. Surely, AlphaGo is creative."[14]

In 2015, Microsoft created the "Distributed Machine Learning Toolkit, which enabled the efficient distribution of machine learning problems across multiple computers."[15] Today, AI commonly leverages the power of cloud computing which enables businesses to efficiently add AI resources at a cost which is manageable for smaller organizations which would otherwise not have the on-premise server power to deliver these services.

[7] Oxford Languages. Oxford Languages and Google. Retrieved from https://languages.oup.com/google-dictionary-en/.
[8] Firican, G. The History of Machine Learning. *Lights on Data*. Retrieved from https://www.lightsondata.com/the-history-of-machine-learning/#:~:text=Machine%20learning%20history%20starts%20in,by%20Donald%20Hebb%20is%20published.
[9] Firican, G. The History of Machine Learning. *Lights on Data*. Retrieved from https://www.lightsondata.com/the-history-of-machine-learning/#:~:text=Machine%20learning%20history%20starts%20in,by%20Donald%20Hebb%20is%20published.
[10] IBM. Deep Blue. Retrieved from https://www.ibm.com/history/deep-blue.
[11] IBM. Deep Blue. Retrieved from https://www.ibm.com/history/deep-blue.
[12] BBC News. Google Defeats Human Go Champion. Retrieved from https://www.bbc.com/news/technology-40042581.
[13] Google Deep Mind. Retrieved from https://deepmind.google/technologies/alphago/.
[14] Google Deep Mind. Retrieved from https://deepmind.google/technologies/alphago/.
[15] Firican, G. The History of Machine Learning. *Lights on Data*. Retrieved from https://www.lightsondata.com/the-history-of-machine-learning/#:~:text=Machine%20learning%20history%20starts%20in,by%20Donald%20Hebb%20is%20published.

The Democratization of Artificial Intelligence

Democratization, or the "action of making something accessible to everyone"[16] is a key progression in the development of Artificial Intelligence for most businesses, and certainly for Community Behavioral Healthcare. The 'Democratization of Artificial Intelligence' as explained by the founder of the Google Brain deep learning project and Stanford University professor, Andrew Ng, will generate a massive new workforce, which will make AI more accessible.

> "Today, the major breakthroughs in the field are coming from the world's largest tech companies, which have in-house AI departments and are investing significantly in the field. As Ng sees it, getting to an AI-powered economy is going to take the work of much more than any one, or even several companies. It's going to take huge numbers of newly trained experts."[17]

As has been seen in early commercial AI projects, high project costs were borne by large companies because there was broad applicability of the products. Some of the AI examples that we use daily include Apple's Siri or Amazon's Alexa virtual assistants, Google's (and other large companies) predictive computer search engines, Apple's facial recognition software, Google, Apple or Waze interactive maps, Internet chatbots and a variety of social media applications. These investments in broad-scale AI could be supported by these organizations because the opportunity for profit was high. Part of the Cost-Volume-Profit Analysis or Break-Even Analysis in business is the volume of sales/profit possible as a result of the cost of a product. [18] When organizations, most specifically for-profit organizations, are trying to determine if a product will ultimately generate adequate profit they must consider if the cost of development (the cost of the product + soft costs like marketing and sales) will be covered by the potential profits.

While the larger healthcare sector has the potential of large profit margins from AI development, the smaller behavioral healthcare sector and, more specifically the largely government-funded community behavioral healthcare sector, would not likely see the development of AI because the potential to generate profit from product development would be low unless the costs of this development is decreased significantly. By training "huge numbers of newly trained experts" and using the power of cloud computing, there is opportunity for for-profit companies to make innovation accessible in smaller and smaller markets, including markets like community behavioral healthcare.

[16] Oxford Languages. Oxford Languages and Google. Retrieved from https://languages.oup.com/google-dictionary-en/.
[17] Terdiman, D. AI Superstar Andrew Ag is Democratizing Deep Learning with a New Online Course. *Fast Company.* 2017 August 8. Retrieved from https://www.fastcompany.com/40449797/ai-superstar-andrew-ng-is-democratizing-deep-learning-with-a-new-online-course.
[18] Vipond, T. CVP Analysis Guide. *CFI*. Retrieved from https://corporatefinanceinstitute.com/resources/accounting/cvp-analysis-guide/.

What AI Cannot Do

There is justifiable concern in many employment sectors about what AI might mean to their future employment. Indeed, innovation, which includes but is not limited to technological innovation, has historically been disruptive to employees, at least for a period of time.

At this time, the primary goal of this Board objective is to "simplify task completion for staff" which more clearly fits into the definition of Augmented, rather than Artificial, Intelligence. Augmented Intelligence "uses machine learning technologies that are similar to AI, but instead of replacing humans, it aims to assist them."[19] Importantly, and most specifically in a person-serving organization, Augmented Intelligence makes the workplace more efficient by "[partnering] with humans" rather than "[bypassing] humans altogether." [20]

Nevertheless, at least at this time, it appears that a series of key human skills will still be needed at Community Behavioral Healthcare organizations which will not be replaced by Artificial or Augmented Intelligence. These skills include[21]:

- Leadership
- Mentoring
- Personnel Management
- Collaboration (the process of unique experiences coming together)
- Problem-solving
- Creativity (defined as something that surprises or challenges our thinking), and
- Innovation

In a business world that is built upon serving persons, often with complex problems, and customer interfacing models in general, it is predictable that our services would be more 'augmented' than 'artificial.' However, there will certainly be ways to improve care for those we serve and we must be dedicated to investigating and ethically implementing these changes whenever possible. We are a business that prioritizes the maximization of dollars available to serve persons seeking treatment; therefore, any efficiency that saves the business money has the potential to make us more effective in our core service provision. So, we must be diligent to look for any innovation which creates efficiency in operations and which helps us achieve our mission. This could include business office functions like accounting, quality management, data management or other like tasks which AI could impact today, even while more sophisticated clinical products are developed.

[19] Biedron, R. Intelligence Augmentation vs. Artificial Intelligence: What's the Difference? *Planergy*. Retrieved from https://planergy.com/blog/intelligence-augmentation-vs-artificial-intelligence/.
[20] Biedron, R. Intelligence Augmentation vs. Artificial Intelligence: What's the Difference? *Planergy*. Retrieved from https://planergy.com/blog/intelligence-augmentation-vs-artificial-intelligence/.
[21] Oss, M.E. How to 'AI Proof' Your Organization. *Open Minds*. 2023. Retrieved from https://openminds.com/market-intelligence/executive-briefings/how-to-ai-proof-your-organization/.

Speed of Technological Change

Technology changes rapidly and the speed of change is often challenging for organizations who may lack the organizational energy to review, adopt and implement potentially pioneering transformations. A factor in this organizational energy is often size with smaller organizations commonly having less time, and perhaps less expertise, to evaluate and implement change. What cannot be overstated is that this speed of change brings risk both of falling behind and risk of the proverbial building of a 'bridge to nowhere,' or solving a problem with limited or no value. Consequently, investments in Artificial or Augmented Intelligence by smaller and/or poorer-funded organizations must be evaluated: 1) to maximize the benefit of the initiative; 2) to manage costs of the attempted innovation; and/or, 3) leadership must adopt a new risk tolerance for the organization when it comes to the costs and potential failure associated with rapid change.

The Institute for Healthcare Improvement published the "Triple Aim for Population Health" in 2008 which stated that the goal of healthcare should be to "[optimize] health for individuals and populations by simultaneously improving the patient experience of care (including quality and satisfaction), improving the health of the population, and reducing per capita cost of care for the benefit of communities."[22] Similarly, the goal of Artificial Intelligence in healthcare, or the "AI Trifecta," is to improve the quality of clinical care for persons served by the organization, making it easier for staff to do their jobs in hopes of improving staff retention, and to do all of that while minimizing costs in AI investment and/or implementing AI in a way which maximizes reimbursement.[23]

"Executive Teams will need to be on top of emerging technologies and be ready to implement change rapidly"[24] to meet these objectives. This challenge will increase in years to come as the pace of change increases. It probably goes without saying, that government does not move at the fastest pace and, of course, while the Tri-County Executive Team tries to operate this organization as a business, interfacing with government systems could complicate the implementation of AI.

The Need for Large Data

AI analyzes available information, or data points, to understand/predict/anticipate and synthesize answers. The size of the data set is essential to the analysis of smaller and smaller variables.[25] In addition to the size of the data, it is also critical that data has been analyzed for accuracy until there is certainty that the data reliably reflects the topic. Ultimately, reliability refers to the degree to which you can trust your data outcomes or data product. A model trained on a reliable data set is more likely to

[22] Institute for Healthcare Improvement. Triple Aim and Population Health. Retrieved from https://www.ihi.org/improvement-areas/triple-aim-population-health.
[23] Oss, M.E. The AI Trifecta. *Open Minds*. 2023. Retrieved from https://openminds.com/market-intelligence/executive-briefings/the-ai-trifecta/.
[24] Oss, M.E. The AI Trifecta. *Open Minds*. 2023. Retrieved from https://openminds.com/market-intelligence/executive-briefings/the-ai-trifecta/.
[25] European Society of Radiology (ESR). What the radiologist should know about artificial intelligence – an ESR white paper. *Insights Imaging* **10**, 44 (2019). Retrieved from https://insightsimaging.springeropen.com/articles/10.1186/s13244-019-0738-2.

yield useful predictions than a model trained on unreliable data.[26] In addition, without large data sets, AI may not have enough examples to correctly diagnose a rare disorder, for example. In the whitepaper, *What the Radiologist Should Know About Artificial Intelligence*, data-sets and training of these data-sets, they note that "rare findings are a potential weakness [of AI data analysis]; if a condition or a finding is very rare, it's difficult to obtain enough examples to train an algorithm to identify [a diagnosis] with confidence."[27]

AI, is both dependent on, and hungry for, large sets of data that can be consumed to generate an accurate and complete analysis. "The development of an AI application involves the acquisition of a large amount of data and the creation of various data sets for training, testing, and evaluation, and then the deployment of the application."[28] As will be discussed later in this paper, there is also a potential ethical challenge with AI as it requires large amounts of data to draw accurate conclusions and yet this same data is often, appropriately in the case of healthcare data, protected by a variety of healthcare laws.

Data Dependability

At the heart of [the] AI revolution lies a fundamental truth: the efficacy of these intelligent systems is anchored in the quality of the data they process. It's similar to the adage, "you are what you eat." For AI models, the adage might be, "you perform as well as the data you consume."[29]

Large data encompasses a variety of challenges including issues of inconsistent syntax [coding], initial data accuracy- which includes completeness and correctness of the data, and ensuring that data is protected from potential corruption over time.[30] One of the common data challenges is actually missing or null data in a data set. The absence of data in a cell cannot always be interpreted as a zero, but instead just means that there is not data present to be tabulated. If there are ten rows of data and one value is not present, or Null, the data is not saying that 90% of ten rows had the value, but is actually saying 100% of the 9 rows had data and one could not be analyzed. In a large data set, often data with null values are left out of the analysis, perhaps correctly, but these missing data elements can lead to significant data misrepresentations.

Another important example is the role of data syntax when you are blending multiple data sets. It is critical that data either have identical syntax or that there is computer code to correct the data fields. A

[26] The Size and Quality of Data Set. Retrieved from https://developers.google.com/machine-learning/data-prep/construct/collect/data-size-quality.
[27] European Society of Radiology (ESR). What the radiologist should know about artificial intelligence – an ESR white paper. *Insights Imaging* **10**, 44 (2019). Retrieved from https://insightsimaging.springeropen.com/articles/10.1186/s13244-019-0738-2.
[28] McMullen, M. An Overview of the Role Data Plays in AI Development. *Data Science Central* 2023 April 20. Retrieved from https://www.datasciencecentral.com/an-overview-of-the-role-data-plays-in-ai-development/.
[29] The Significance of Data Integrity in Artificial Intelligence. *Linked In*. 2023 October 23. Retrieved from https://www.linkedin.com/pulse/significance-data-integrity-artificial-intelligence-pctechnz-0hfzc/.
Ensuring Data Integrity: Tips and Strategies. *Capella.* 2023 April 25. Retrieved from https://www.capellasolutions.com/blog/ensuring-data-integrity#:~:text=The%20three%20rules%20of%20data,across%20all%20systems%20and%20applications.

simple example is the way a birthday is recorded: 1/01/2001, January 1, 2001, and 1/1/01 all communicate the same information, but data inconsistencies like this can easily lead to data mismatches and unreliable information.

The concept of keeping data accurate and reliable over time sounds easy enough, but doing so can be quite challenging. These challenges increase as data sets get larger and data cleanup or 'data cleansing' is often required. As stated by the data management company Talend in their article *What is Data Cleansing? Guide to Data Cleansing Tools, Services and Strategies:*

> "Data cleansing is the process of identifying and resolving corrupt, inaccurate, or irrelevant data. This critical stage of data processing — also referred to as data scrubbing or data cleaning — boosts the consistency, reliability, and value of your company's data. Common inaccuracies in data include missing values, misplaced entries, and typographical errors. In some cases, data cleansing requires certain values to be filled in or corrected, while in other instances, the values will need to be removed altogether."[31]

Without clean and accurate data, a variety of problems with data interpretation can occur. AI is dependent on the processes of cleansing data for the algorithms and analysis to work appropriately.

Bias in Data

AI analyzes data using an algorithm, but it should not be forgotten that these algorithms were ultimately designed by humans and that human bias can influence the way an algorithm works. In a recent example posted on X (formerly known as Twitter), Elon Musk highlighted the potential impact of AI bias by challenging Google's AI to respond to an ethical query that weighed the value of non-discrimination against a group of people against the value of stopping a nuclear apocalypse. In this test, the Google AI responded that it is more important to show respect than prevent the destruction of the world.

Chat GPT's answer, an "open" platform partnership with Microsoft, also responded that it would be unethical to compromise respect for a group of people, even if in doing so, a nuclear apocalypse would be prevented. Chat CPT further explained that "there must be alternative solutions explored that do not involve disrespecting someone's identity".

Regardless of your political leanings, whether you like the question asked by Elon Musk or not, it is clear that the logic used by these chatbots are created by humans and that, at best, this logic is flawed.

There is danger in the 'black box' of AI algorithms. A black box algorithm is "when a system is viewed primarily for its inputs and output characteristics…one where the user cannot see the inner workings of

[31] What is Data Cleansing? Guide to Data Cleansing Tools, Services, and Strategies. *Talend*. Retrieved from https://www.talend.com/resources/what-is-data-cleansing/.

the algorithm."[32] As stated by Dr. Samir Rawashdeh of the University of Michigan, "Artificial Intelligence can do amazing things that humans can't, but in many cases, we have no idea how AI systems make their decisions."[33] Commonly, an AI decision cannot be fully understood, even by the creator of the algorithm, and it may be assumed that variables have been processed by AI in a logical but not explainable way. As clarified further by Dr. Rawashdeh, one of the 'black box problems' is an ethical one:

> "Deep learning systems are now regularly used to make judgement about humans in contexts ranging from medical treatments, to who should get approved for a loan, to which applicants should get a job interview. In each of these areas, it's been demonstrated that AI systems can reflect unwanted biases from our human world. Needless to say, a deep learning system that can deny you a loan or screen you out of the first round of employment interviews but can't explain why, is one most people would have a hard time judging as 'fair'."[34]

One other troubling aspect of algorithm bias is the potential impact on underrepresented populations in society. Simply put, small numbers of any group or subgroup of society are less likely to be represented in data sets and it may be that the lack of data leads the algorithm to positively or negatively evaluate the population. To be clear, this does not mean that there is intent to discriminate or undervalue any population, although, as mentioned previously there can be human bias in algorithm development.

Art vs. Science, Seasoned Clinician v. Complex Computing

In Tri-County's Risk Stratification Process, which is designed to identify persons who may be at higher risk for poor clinical outcomes and/or higher costs, Tri-County staff used both 'science and art' in their evaluation of risk factors. The 'science' piece was the evaluation of a somewhat complex set of cost, utilization, assessment and death review data to identify the high utilizers in our system and to attempt to identify which clients exhibited the most significant risk for high costs, poor outcomes or both. In a separate process, we assembled a group of seasoned to get their guesses on who they thought would be the highest risk and highest cost clients and also to have them react to what was discovered in the data evaluation.

Seasoned clinical staff were able to identify many of the types of persons that were higher cost and or higher risk based on their experience. They were also able to identify risk factors, factors that could have been but were not always present in the data set, to enhance the analysis of the data. However, some of the science did surprise them and risk groups were identified by the science that would have

[32] What is Black Box Algorithm. Ar*timetrics.* Retrieved from https://www.arimetrics.com/en/digital-glossary/black-box-algorithm#:~:text=In%20technical%20jargon%2C%20a%20black,inner%20workings%20of%20the%20algorithm.
[33] Blouin, L. AI's Mysterious 'Black Box' Problem Explained. *UM Dearborn News.* 2023 6 March. Retrieved from https://umdearborn.edu/news/ais-mysterious-black-box-problem-explained#:~:text=If%2C%20for%20example%2C%20an%20autonomous,why%20it%20made%20this%20decision.
[34] Blouin, L. AI's Mysterious 'Black Box' Problem Explained. *UM Dearborn News.* 2023 6 March. Retrieved from https://umdearborn.edu/news/ais-mysterious-black-box-problem-explained#:~:text=If%2C%20for%20example%2C%20an%20autonomous,why%20it%20made%20this%20decision.

been otherwise overlooked. In short, the blending of both models gave the Tri-County team their best understanding of risk.

Clinical staff spend many years honing their skills and there is value in instincts, guesses or hunches, reading non-verbal cues, etc. when we are predicting the outcomes or providing care. As we rush to use machines to analyze data with AI, we should not work to eliminate or denigrate these skills, but instead we should continue to listen to feedback and to analyze gut instincts. In short, overreliance on science may not give us the best information or outcomes.

Note, our 'seasoned clinicians' were experienced staff with years, in some cases decades, of experience that has help them learn to be 'artists' in the work we do. There is potential danger in elevating instinct over science because not all persons, even those with experience, are 'artists.' We must find the balance between what AI can do and what humans outside of AI should do. For example, some staff are beautiful writers and they should be encouraged to write and express this 'art form.' However, some staff do not write beautifully and should be encouraged to get the help of a chatbot so that they are more efficient. In summary, the goal of AI should be to enhance our abilities as humans, not to replace them. It is okay to lean on AI in areas of weakness, but staff need to continue to build skill and to develop as employees – to become artistic.

The Risk of Box-Checking

At Tri-County, part of our work-ethic is to understand how to do things the right way and to do them that way. We pride ourselves on avoiding the 'check-box mentality' of meeting a requirement in theory only and instead generally focus on doing the task the way that it is expected. With AI, it is possible that we could set up systems – especially in the future – which technically meet requirements, but which do not meet the spirit of the expectation. While there are probably places in any business where it is appropriate to just complete a task because it is required without understanding or caring about why, often, especially in our less experienced staff, there could be overreliance on this technology. Importantly, there are still questions about whether an AI generated progress note, for example, will meet the Centers for Medicare and Medicaid Services billing requirements. However, even if these notes will meet CMS requirements, there is certainly a risk of duplicitous behavior that would have to be monitored closely.

Clinical Application

Over the past several years, there has been a significant focus on the applicability of artificial or augmented intelligence (AI) in human centered industries and is touted as having potential to revolutionize care by enhancing quality, accessibility, and effectiveness, overall improving outcomes for individuals. It is further suggested that in addition to improving the experience of the individual, AI can also enhance the quality of work life for clinical staff by reducing administrative burden through the automatization of routine tasks, leading to higher staff satisfaction, retention, higher productivity rates, and reducing or mitigating clinician burnout.

The potential application of AI on this industry are significant and have the potential to transform the client and clinician experience of care. According to an article published by Active Minds, "AI algorithms

can analyze large amounts of data, including client history, symptoms, and other relevant information, to identify patterns that may not be evident to a human clinician. This can lead to more personalized and effective treatments and earlier interventions that can help prevent more severe mental health problems from developing".[35] Using data, AI has great potential to use machine learning algorithms and other computational techniques to analyze complex data sets to derive insights, assist in clinical decision making, deepen understanding of complex disorders, and redefine diagnoses, elevating the potential for recovery.

In review of the AI products available for the behavioral health field, there are three core categories identified, each offering applications that may simplify, augment, or enhance available treatment and client care. These categories include: [36]

- **Automation Technology**: focused on reducing manual work and administrative cost and includes tools that assist with completing clinical documentation, which is considered to be one of the most dreaded tasks that clinicians face each day, but is essential to providing quality care.
- **Engagement Technology:** designed to increase client commitment and access to care. These supports can be seen through the digitization of recovery planning, scheduling appointments, including appointment reminders, contacting clients to ask about physical and mental wellbeing, or alert a clinician when a client's responses show cause for concern or elevated risk and outreach may be needed.
- **Decision Support Technology**: equips clinical staff with insights that support the provision of care. Technology is available to provide diagnoses, recommend therapeutic interventions, and making recommendations for treatment methods that are based on algorithms identified using client speech.

Exploring the relevance of this technology further, it is understood that AI has the capacity to enhance the quality of care that is provided and mitigate risk of harm by predicting deterioration through risk stratification processes. Using algorithms to analyze data, including client history, symptoms, and other relevant information, AI is able to identify patterns that may not be evident to a human clinician, allowing for earlier interventions that can help prevent more severe problems, including those that would be considered a psychiatric crisis event, from developing.[37] In addition to the impact this has on achievement of recovery goals, there is also potential for reducing cost associated with inpatient psychiatric hospitalization, forced community involvement to manage the mental health need, and puts the clinician in a position to be proactive in providing care.

[35] Krishnan, J. The Role of AI in Mental Health. *Active Minds*. 2024. Retrieved from https://www.activeminds.org/blog/exploring-the-pros-and-cons-of-ai-in-mental-health-care/.
[36] Eleos Health. Augmented Intelligence: Helping Providers Focus on Better Care. November 2022. Retrieved from https://eleos.health/blog-posts/augmented-intelligence-helping-providers-focus-on-better-care/.
[37] Krishnan, J. The Role of AI in Mental Health. *Active Minds*. 2024. Retrieved from https://www.activeminds.org/blog/exploring-the-pros-and-cons-of-ai-in-mental-health-care/.

From the staff support perspective, multiple platforms exist that promote efficiencies with workflow, creating opportunities for additional time spent with clients, rather than on completion of administrative tasks. There are a considerable number of resources available that indicate that solutions improving clinical time are positively correlated with greater staff satisfaction and retention. Software that provides documentation assistance is at the forefront of this movement, which will be examined further in the next section, and pledges to both increase quality of services by providing analytics to review the session and interventions used, and decrease time spent after a session has ended writing notes.

Available Programs

As AI continues to emerge in the behavioral health space, vendors offering supports for this work are becoming more prevalent. One area that is receiving significant attention currently is assistance with documentation. Given the increasing demands on clinician's time, including regulatory, payor, and other requirements that demand specific elements be documented in clinical notes, increasing the burden on staff to produce carefully constructed and detailed narratives, many behavioral health providers are turning to AI for help. As outlined in the table below, there are several products that exist on the market today for behavioral health providers, each offering a solution for reducing administrative burden on staff.

Examples of AI Technology for Behavioral Health

Resource	Available AI Program	Application	Benefit	Risk
Eleos Health	Automated Documentation	• In-session data collection that enables the digitization of conversations between individuals and the clinician. • Summarizes sessions directly in the EHR immediately. • Tracks interventions. • Provides insight information based on gathered data.	• Less time spent on documentation, freeing clinicians to spend more time with the individual. • Tracks risk using data points so that interventions can be applied before a crisis occurs.	• The program listens on sessions, which can create discomfort for the individual. • Implications on confidentiality.
Holmusk	Management and Supervision Tool (MaST)	Uses predictive analytics to help clinicians with decision making, including prioritization of individuals at risk for a mental health crisis.	• Uses data to track trends, allowing for interventions to be applied before a crisis occurs. • Improved clinical outcomes.	• Requires access to the EHR. • Pulls data from unstructured notes, unclear if assessment data is included – recommendations

				may not include all relevant clinical information. • Clinical decision making would still need to be considered.
Blueprint		• Makes recommendations for interventions based on key events in the individual's life (e.g. high-risk behaviors or suicidal ideation). • Provides in-session support and guidance. • Auto-generates part of the clinical note. • App is available for clients to use to complete screeners and assessments.	• Provides clinical support by using data to show client progress, makes recommendations for therapeutic techniques to use, and provides support for using techniques to fidelity. • Saves time on documentation. • Collects data between sessions using the app to provide insights to the clinician before seeing the individual.	• Notes are generated based on data collected through an app between sessions. Would need to explore implications on billing for services and auditing. • Requires individual to download an app and use between sessions to track and monitor progress. • Cost.

Of the mentioned applications outlined, the most frequently cited and reviewed technology by other Local Mental Health Authorities and guiding agencies, such as National Council, has been Eleos Health. When activated, a small device 'listens' to the session and constructs a note directly into the electronic health record, creating an individualized clinical narrative based on key moments in the session that staff could use as a starting point for completing documentation.

Overall reviews of the product are generally positive, citing that it has reduced the time clinical staff are spending on administrative tasks, allowing them to focus on direct client care, which in turn increases staff morale and client satisfaction. Other reviews indicate that while this product has reduced time spent in documentation, it is not significant, one participant citing the product only reducing documentation time by two minutes per note as staff are still required to come in behind the AI to further personalize the note, including adding direct quotes, address anything that was misunderstood, and ensure that all required components of the note are presented. Guidance from the American Medical Association also adds that any time AI is used to generate notes, the clinician is responsible for

reviewing and approving the note before it is finalized as well as documenting that AI was used.[38] As with anything new, it is to be expected that there will be a learning curve and that this reduction in time spent in documentation will improve over time, but it is uncertain how much of a gain in direct time will actually be afforded in the end analysis.

Other factors for consideration with use of any AI product include cost, applicability, and ethics. Given that cost savings and value can only be realized after implementation of AI technology for generating notes or supporting other administrative tasks, it is unclear at the outset if the investment will be worthwhile and how long it may take to see any return on that investment. To ensure the most efficient use of a product, applicability also needs to be explored. Thinking through which staff (e.g. positions, duties and responsibilities, etc.) would benefit from use, if and how the product connects directly to the electronic health record, client and staff receptivity, among other factors will be important. Finally, questions remain regarding the ethics of incorporating AI into the clinical space, including devices that are 'listening' and what that means for compliance with rules, regulations, and laws governing the use of confidential information. As of now, regulatory entities are not offering formal guidance on use of AI, but rather are depending on healthcare leaders to generate 'best practices', which means that guidance can be inconsistent and poorly defined.

Challenges with AI in Behavioral Health

While AI holds a lot of promise to impact how healthcare is delivered with the potential to improve behavioral healthcare and benefit both clients and clinicians, as with any new technology, opportunities must be weighed against potential risks and challenges and steps taken to address these areas of concern. One of the primary areas of focus is on data privacy and security. Behavioral health data is highly sensitive and must be protected to maintain confidentiality and trust, which are of integral in the preservation of the integrity of this field. Any considered AI system must comply with stringent data privacy regulations and employ robust security measures to safeguard protected health information, making it essential that the privacy track record of companies participating in the healthcare space be carefully considered prior to implementation. Further, understanding when and how data is used, where and how it is stored, and having strategies in place that allow for constant monitoring and upgrades with increasingly complex privacy protections[39] are other key considerations.

A second frequently cited challenge with the use of AI surrounds bias and fairness. Information produced from AI algorithms are only as reliable as the data provided. If there is limited data available, or the data quality is poor, information returned will be limited or erroneous and can inadvertently perpetuate or exacerbate existing biases, leading to disparities in diagnoses, treatment, and poor outcomes for individuals served. As such, careful attention must be paid to the quality and

[38] American Medical Association. Augmented Intelligence in Healthcare. 2018. Retrieved from https://www.ama-assn.org/system/files/2019-01/augmented-intelligence-policy-report.pdf.

[39] Hansen, J., Carlin, H., Hart, A., Johnson, J, Wells, S., Kiel, J.M. Updating HIPAA Security to Respond to Artificial Intelligence. *AHIMA.* 2023 November. Retrieved from https://journal.ahima.org/page/updating-hipaa-security-to-respond-to-artificial-intelligence.

representativeness of data as well as method employed to assess and control bias will be crucial for ensuring equity of care.[40]

As discussed earlier, there are also challenges associated with transparency in AI models, which often operate as black boxes, where the inner workings of the algorithm are not permitted to be viewed, making it challenging to understand how conclusions were formed. Clinicians need transparent and interpretable AI systems that can explain their reasoning and recommendations to build trust and facilitate collaboration.[41] Additionally, AI is designed to continuously learn and evolve as new information is collected, making it important that vigilance is maintained through perpetual monitoring and testing to understand outputs.

Considering the impact that AI will have on the workforce is another potential challenge with implementation and use of this technology. As with any new system, there will be necessary changes in workflow as AI platforms are introduced and operationalized. Successful integration into clinical practice will require seamless interoperability with existing electronic health record systems and clinical processes. To promote buy-in and collaboration with AI, it is recommended that clinicians be actively involved in the development and implementation of AI tools, which will further usability and relevance to practice.[42]

While there are many resources available to address data security, bias, workflow integration, a lesser reviewed challenge is the removal of the human element and the impact that the addition of AI may have on the provision of behavioral health services. There are certain human skills that cannot be replaced by AI, namely empathy, which plays a significant role in the work that is done in behavioral health. Empathy cannot be undervalued in fostering connection and belonging, giving meaning to events, and building rapport. Further, AI will not be able to replace the direct observation of behavior and emotion that is inherent in human to human interactions. These observations allow for creativity, problem solving, and the application of strategies and interventions that allows for healing and recovery to occur.

While AI has the potential to revolutionize behavioral health care by enabling early detection and diagnosis, personalize recovery planning, using predictive analytics for risk stratification and early intervention, monitor outcomes, and reduce administrative burden on clinicians, realizing this potential requires addressing challenges related to data privacy, bias, interpretability, and workflow integration. By embracing these challenges and leveraging AI responsibly, clinicians can enhance the quality, accessibility, and effectiveness of care, ultimately improving outcomes for individuals served.

[40] Hansen, J., Carlin, H., Hart, A., Johnson, J, Wells, S., Kiel, J.M. Updating HIPAA Security to Respond to Artificial Intelligence. *AHIMA.* 2023 November. Retrieved from https://journal.ahima.org/page/updating-hipaa-security-to-respond-to-artificial-intelligence.

[41] Pallardy, C. (2023). *The Chatbot Will See You Now: 4 Ethical Concerns of AI in Healthcare*. Retrieved on Feb 19, 2024 from https://www.informationweek.com/machine-learning-ai/the-chatbot-will-see-you-now-4-ethical-concerns-of-ai-in-health-care.

[42] Kellogg K.C., Sadeh-Sharvit S. Pragmatic AI-augmentation in mental healthcare: Key technologies, potential benefits, and real-world challenges and solutions for frontline clinicians. *Front Psychiatry*. 2022 Sep 6. Retrieved from https://pubmed.ncbi.nlm.nih.gov/36147984/.

Ethical Considerations

In a rapidly advancing world of AI, the healthcare industry is significantly behind on understanding and applying this perpetually evolving technology; however, it is widely recognized that the implications of AI on clinical practice, client experience, and staff retention are significant. Much of this delay is directly related to the need for robust ethical and regulatory frameworks to govern the use of AI in a behavioral health application, which have not yet been established. In a discussion guide created by the Texas Council of Community Centers, it was noted that AI is advancing faster than laws and rules that govern its use and proposes that in the absence of clear legal and regulatory framework that the onus is on healthcare providers to adopt policies and procedures that ensure the responsible use of AI, applying existing principles and standards of care.[43]

Given the importance of preserving an ethical framework that provide structure and support in clinical service provision and decision making to ensure the most basic principle of 'do no harm' is attained, as AI technologies are integrated into clinical care, it is essential that careful consideration is given to areas where use of AI and ethics overlap. In the development of practices that will guide use of AI, use of informed consent, bias mitigation, autonomy protection, data privacy and security, as well as staff education are important to emphasize to ensure the ethical and responsible use of this technology.

Informed Consent

Informed consent is the process through which an individual is provided with information regarding what can be expected from treatment including the nature, risks, benefits, and alternatives of the proposed treatment. Through this process, the client is empowered to make autonomous and informed decisions regarding their care in a manner that is respectful of their rights and dignity. To ensure understanding, clients are provided with information in a language and format that is understandable to them before services are agreed to and provided.

According to the American Medical Association, when introducing any AI technology into the clinical space, information should be made available regarding the intended use of the AI product, including the purpose of its use and potential risks and benefits.[44] As part of this understanding, education should be provided to the client notifying them of exactly where their personal information is going, who has access to it, how it is stored, and how it might be used in applications unrelated to their care, such as for training or research purposes. Individuals should further have the right to opt-out, update, or discontinue use of their data in all AI tools, including AI training data and disclosure to other users of the tool.[45]

[43] Texas Council for Community Centers. Artificial Intelligence: Policy and Procedure Discussion Guide. (2023).

[44] American Medical Association. Principles for Augmented Intelligence Development, Deployment, and Use. November 2023. Retrieved from https://www.ama-assn.org/system/files/ama-ai-principles.pdf.

[45] Warrier, U., Warrier, A., & Khandelwal, K. Ethical considerations in the use of artificial intelligence in mental health. *Egypt J Neurol Psychiatry Neurosurg* 59, 139 (2023). Retrieved from https://doi.org/10.1186/s41983-023-00735-2.

For clients who agree to use of AI in their care, it is important that any interactions that involve use of an AI product is clearly disclosed to the client at the beginning of the encounter or interaction. This use should also be documented in the electronic health record. In situations where the individual declines to participate in AI supported services, staff must be prepared to provide care without use of this technology, making it important that clinical skills continue to be trained, updated, reviewed, and supported.

Bias Mitigation

AI is predicated on data, which is mined from multiple sources, resulting in a profound number of datasets. Given the volume of data elements available, this process often requires reduction, simplification, and coding, which can undermine the uniqueness of the client experience. Datafication also requires that data be pre-processed, meaning that variables have to be defined so that systems can receive them from the data, creating the risk of bias.[46]

Bias in AI refers to the tendency of algorithms to reflect erroneous assumptions, which can occur when some aspects of the dataset are given more weight and/or representation than others. Bias can manifest in various forms, including, but not limited to data bias, where data or information is limited in some way, presenting an inaccurate representation of the population, or does not tell the full story; algorithmic bias, which describes systematic and repeatable errors that create unfair outcomes; and deployment bias, which occur when the problem the model was designed to solve is different from the way it is used. Each of these preconceptions can exacerbate disparities, leading to unequal access to care and treatment outcomes among different demographic groups. Bias can also reinforce stereotypes and stigmatize certain populations, affecting treatment decisions and client experience. Moreover, biased AI algorithms may lead to inaccurate assessments and diagnoses, compromising the quality of care provided to the client.

Considerations for reducing bias may include:

- Knowing where the data comes from.
- Understanding how specific conclusions are developed.
- Ability to retrace decision making processes, rather than data being trapped in the 'black box'.
- Ensuring that humans remain in the loop to supervise and correct errors that arise from the use of AI systems.

Addressing bias requires a multifaceted approach, with strategies including ensure a diverse representation in the training data that is used in creation of the AI model, increasing algorithm transparency, implementing ethical guidelines and regulatory frameworks, and establishing mechanisms for ongoing monitoring and evaluation. By incorporating these strategies into the development and

[46] Rubeis G. iHealth: The ethics of artificial intelligence and big data in mental healthcare. *Internet Interv*. 2022 Mar 2. Retrieved from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8897624/.

deployment of AI systems, can work towards creating more equitable and effective behavioral health solutions.

Autonomy

The concept of autonomy is one that is foundational in the treatment and care of people. Autonomy honors and supports client voice and choice in treatment, as well as recognizes a clinician's education, experience, and instinct in informing the therapeutic process. With the introduction of AI into a clinical setting, there is potential for complacency or dependence on technology to guide or influence clinical decisions, which may curtail treatment or hinder recovery. Given the implications of technological advancement on the preservation of autonomy, it is significant that attention is given to how AI can impact independent thought and the danger this can pose for care.

As AI develops in the behavioral health realm, it is imperative that the emphasis remain on AI serving in an assistive role, emphasizing that its design enhances, rather than replaces, human intelligence. According to the World Health Organization's guidance on artificial intelligence, the adoption of AI can lead to situations in which decision-making could be or is transferred to machines and stresses the importance of humans remaining in full control of health-care systems and medical decisions.[47] This means that "AI systems should be designed […] to assist humans, whether they be medical providers or patients, in making informed decisions" and include human oversight that incorporates "effective, transparent monitoring of human values and moral considerations. In practice, this could include deciding whether to use an AI system for a particular health care decision, to vary the level of human discretion and decision making and to develop AI technologies that can rank decisions when appropriate (as opposed to a single decision)".[48] These practices can ensure a clinician can override decisions made by AI systems and that machine autonomy can be restricted and made "intrinsically reversible".[49]

Respect for autonomy also entails protecting privacy and confidentiality and to ensure informed, valid consent by adopting appropriate legal frameworks for data protection that are fully supported and enforced by the system designers, programmers, database creators and others. AI technologies should not be used in a health care system without valid informed consent, including any use of machine-learning algorithms for the purpose of diagnosis or recovery planning or devices that assist with documentation. Essential services should not be restricted or denied if consent is withheld and additional incentives should not be offered to encourage giving consent.[50]

[47] World Health Organization. Artificial Intelligence in Mental Health Research: New WHO Study on Applications and Challenges. 2023. Retrieved from https://www.who.int/europe/news/item/06-02-2023-artificial-intelligence-in-mental-health-research--new-who-study-on-applications-and-challenges.
[48] World Health Organization. Artificial Intelligence in Mental Health Research: New WHO Study on Applications and Challenges. 2023. Retrieved from https://www.who.int/europe/news/item/06-02-2023-artificial-intelligence-in-mental-health-research--new-who-study-on-applications-and-challenges.
[49] World Health Organization. Artificial Intelligence in Mental Health Research: New WHO Study on Applications and Challenges. 2023. Retrieved from https://www.who.int/europe/news/item/06-02-2023-artificial-intelligence-in-mental-health-research--new-who-study-on-applications-and-challenges.
[50] World Health Organization. Artificial Intelligence in Mental Health Research: New WHO Study on Applications and Challenges. 2023. Retrieved from https://www.who.int/europe/news/item/06-02-2023-artificial-intelligence-in-mental-health-research--new-who-study-on-applications-and-challenges.

Security and Privacy

At the apex of ethical clinical practice are concepts of confidentiality and privacy. These core principles are vital to the establishment of trust and rapport in any healthcare setting, but is especially critical in behavioral health care given the stigma that continues to surround mental illness and substance use. As such, time must be spent reviewing and understanding the implications AI technology may have on the preservation of confidentiality and evaluate areas of risk.

Data privacy and security are highly relevant topics in AI development, implementation, and use and require stringent adherence to existing regulatory frameworks governing confidentiality, such as the Health Insurance Portability and Accountability Act (HIPAA) and the Code of Federal Regulations (42 CFR, Part II). Furthermore, any use of AI in clinical practice is required to comply with all federal and state requirements protecting the confidentiality of health information.[51] Given the myriad of unknowns associated with AI, it is imperative that prior to any implementation, careful consideration is given to how data and information is gathered, used, shared, as well as where it goes, how it is stored, and where vulnerabilities exist to minimize and mitigate risk of data being compromised.

The capacity to protect data privacy relies on strong security measures. The American Psychological Association in the article *Principles for Augmented Intelligence Development, Deployment, and Use* (2023) cite the growing concern that cybercriminals will use AI to attack healthcare organizations, using ransomware and malware to infiltrate health IT systems and exploit vulnerabilities.[52] Where AI is particularly vulnerable is its reliance on and sensitivity to the quality of the data it is fed. AI requires large sets of data to build logic patterns used in clinical decision making, so protecting this source data is critical to prevent contamination that will result in harm to the client. According to the National Institute of Standards and Technology (NIST), AI is especially vulnerable to misdirection and can malfunction if an adversary finds a way to confuse or "poison" its decision making, as defenses against this threat do not currently exist.[53] This threat can lead to untrustworthy data, the AI to perform in an undesirable manner, and ultimately can cause harm to the client. To address this risk, it is important that those responsible for managing AI platforms engage in constant review, monitoring, auditing, and testing of information to ensure that the system is operating as it is expected. Further, robust cybersecurity measures must be in place and perpetually and consistently updated to ensure ongoing reliable and resilient data privacy and security precautions.

[51] American Psychiatric Association. The Basics of Augmented Intelligence: Some Factors Psychiatrists Need to Know Now. 29 June 2023. https://www.psychiatry.org/news-room/apa-blogs/the-basics-of-augmented-intelligence.

[52] American Medical Association. Principles for Augmented Intelligence Development, Deployment, and Use. November 2023. Retrieved from https://www.ama-assn.org/system/files/ama-ai-principles.pdf.

[53] National Institute of Standards and Technology. NIST Identifies Types of Cyberattacks that Manipulate Behavior of AI Systems. 2024 January 4, Retrieved from https://www.nist.gov/news-events/news/2024/01/nist-identifies-types-cyberattacks-manipulate-behavior-ai-systems.

When considering AI security, the American Psychological Association has released the following recommendations designed to put safeguards in place to protect privacy of data:[54]

- When selecting AI, conduct thorough research of the company building the AI program to understand the company's track record related to data security, including policies and practices on data privacy, action that has been taken to safeguard information, and transparency around the development and maintenance of the product.
- Establish a multidisciplinary team, including the end user, to review new products, services, or devices that are being considered before implementation to guard against unexpected outcomes.
- During vendor contracting, ensure that privacy requirements are inserted into the agreement.
- AI requires large sets of data to build logic and patterns used in clinical decision making, as such, protecting this source data is critical. Implementing processes for securing and validating these inputs and corresponding data is imperative for reducing threat of data being introduced that compromises the overall function of the AI tool, which can result in client harm.
- AI systems must have strong protections against input manipulation and malicious attacks.
- Entities developing or deploying health care AI should regularly monitor for anomalies or performance deviations, comparing AI outputs against known and normal behavior.
- Users should be provided education on AI cybersecurity fundamentals, including specific cybersecurity risks that AI systems can face, evolving tactics of AI cyber attackers, and the user's role in mitigating threats and reporting suspicious AI behavior or outputs.
- Have strategies in place that prevent reidentification of data. While tools designed for medical use should align with HIPAA, many "HIPAA-compliant" generative tools rely on antiquated notions of deidentification (i.e., stripping data of personal information), that are easily manipulated with today's advances in computing power, making data easily reidentified.

Education

As a mechanism for reducing risks related to security, privacy, and bias, as well as protect autonomy, education is recommended for all staff prior to implementation of an AI product. Education should include information on the risks and limitations, including client privacy concerns, legal and ethical considerations, as well as how to talk about AI with clients so they are provided with all of the information before engaging in treatment using this technology. Taking this step may also reduce liability and client harm by raising staff awareness on issues that may not have been previously considered. As an example, staff may use generative AI systems like ChatGPT as a tool to assist with developing a plan of care, but by entering client information into the tool, the clinician could violate

[54] American Psychiatric Association. The Basics of Augmented Intelligence: Some Factors Psychiatrists Need to Know Now. 29 June 2023. https://www.psychiatry.org/news-room/apa-blogs/the-basics-of-augmented-intelligence.

confidentiality laws, such as HIPAA, as the system's terms and conditions allow for the use of any information put into them.[55]

Other areas for consideration when developing a training program for staff include, but are not limited to addressing legal, ethical, and equity considerations; discussion of risks such as data breaches and data re-identification; potential pitfalls of inputting sensitive and personal data into external AI generative tools; and the importance of transparency with clients regarding the use of AI and their data. Finally, training on policies and procedures that govern the use of AI should be completed before staff are given access to AI tools.

Considerations for Policies and Procedures

Given the implications of use of AI on ethics, it is important to develop policies and procedures related to use of AI that consider the following areas:[56]

- **Objectives:** Determine clear objectives for incorporating AI into the Center's practices. Ensure these objectives align with the overall mission, values, and authority of the Center.
- **Regulatory and Contract Compliance**: In the absence of AI specific regulations, apply existing regulatory and contract standards to AI-augmented work.
- **Data:** Make sure data use policies and procedures include guidelines for data collection, storage, sharing, and protection related to the use of AI, including how to respond to cybersecurity incident involving AI tools.
- **Testing**: Establish and document protocols for testing and validating an AI tool before implementing it with clients.
- **Integration:** Determine and document how AI will be integrated into existing workflows. Outline steps for how staff at all levels will interact with AI systems.
- **Informed Consent and Client Privacy:** Develop procedures for obtaining informed consent from clients when AI is involved in their services. Communicate the role of AI in services and ensure that clients have the option to opt out. Clearly define the data anonymization strategies to protect client privacy.
- **Bias Mitigation:** Implement strategies to identify and mitigate biases in AI algorithms that could lead to discriminatory outcomes.
- **Training:** Ensure staff receive training appropriate to their role on how to effectively use AI systems. This training should cover both technical aspects of how to use AI and quality management considerations.
- **Monitoring:** Establish procedures for continuous monitoring of AI system performance, accuracy, and safety. Create mechanisms for reporting adverse events or errors related to AI

[55] American Psychiatric Association. The Basics of Augmented Intelligence: Some Factors Psychiatrists Need to Know Now. 29 June 2023. https://www.psychiatry.org/news-room/apa-blogs/the-basics-of-augmented-intelligence.
[56] Texas Council for Community Centers. Artificial Intelligence: Policy and Procedure Discussion Guide. (2023).

use. Clearly define lines of responsibility within the Center. Implement mechanisms to quickly address any identified issues or inaccuracies.

- **Evaluation:** Regularly assess the effectiveness of policies and procedures. Make necessary adjustments based on feedback, emerging best practices, and technological advancements.

Recommendations and Next Steps

AI has shown promising results in enhancing quality, accessibility, and effectiveness, in providing care, overall improving outcomes for individuals. It is further suggested that in addition to improving the experience of the individual, AI can also enhance the quality of work life for clinical staff by reducing administrative burden through the automatization of routine tasks, leading to higher staff satisfaction, retention, higher productivity rates, and reducing or mitigating clinician burnout. While further research is needed to fully understand the effectiveness and limitations of AI, when implemented appropriately, the use of this technology has the potential to change the industry.

Based on the information outlined in this whitepaper, it is recommended to further explore opportunities for incorporating AI tools in areas where the service is permissible under applicable rules and regulations and in areas where it is clinically appropriate. These opportunities should supplement, rather than replace, existing workflows and promote individual choice in how and when AI is used in treatment.

It is recommended that the next steps include, at least, the following:

- Gauge staff opinion on the adoption and use of AI in clinical practice.
- Explore available AI technology for behavioral health and determine which products both meet the needs of the Center and also has a strong track record of data security.
- Examine existing workflows to determine where and how AI may be used to improve efficiency and reduce staff burden.
- Develop policies and procedures that govern the appropriate use of AI at the Center.
- Develop training for staff on use of AI.
- Identify or hire staff who will be responsible for ensuring AI is functioning as it is intended.
- Use of funds from the Reserves for Board Goals line item to use for implementation of the first AI clinical product.

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Agenda Item: Personnel Report for February 2024 **Committee:** Executive	**Board Meeting Date:** March 28, 2024
Background Information: None	
Supporting Documentation: Personnel Report for February 2024	
Recommended Action: **For Information Only**	

Personnel Report

FY24 | February 2024

Tri-County Behavioral Healthcare
Healthy Minds. Meaningful Lives.

OVERVIEW

NEW HIRES
February
11 POSITIONS
YTD
74 POSITIONS

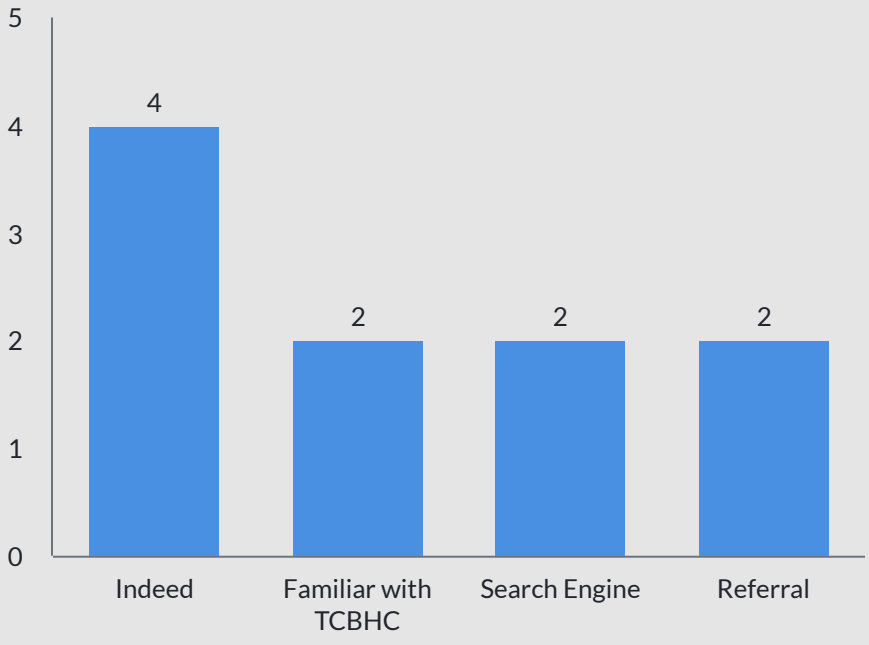
SEPARATIONS
February
13 POSITIONS
YTD
65 POSITIONS

Vacant Positions
75
Frozen Positions
7

Newly Created Positions
1
Total Budgeted Positions
481

RECRUITING

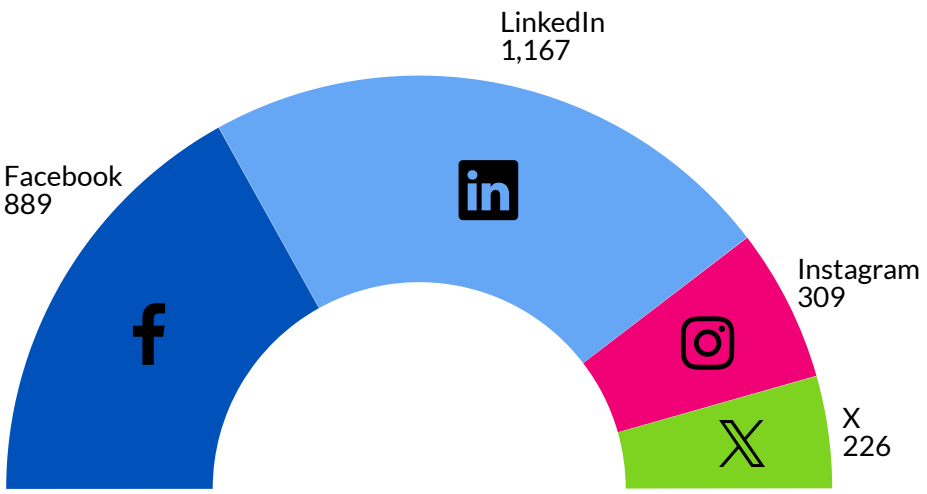
How did February new hires hear about TCBHC?



RECRUITING EVENTS

N/A

SOCIAL MEDIA FOLLOWERS



APPLICANTS

February Total Applicants	458
YTD Applicants	2127

CURRENT OPENINGS

VACANCIES BY LOCATION

CONROE	43
PETC	15
HUNTSVILLE	8
CLEVELAND	6
LIBERTY	2
PORTER	1

TOP 5 VACANCIES

Mental Health Specialist/Case Manager (Adult, IDD, Crisis and C&Y)	37
Direct Care Provider	11
Program Support Services Asst	4
Psychiatric Nursing Asst	4
Licensed Clinician	3

Tri-County Behavioral Healthcare
Healthy Minds. Meaningful Lives.

Exit Data

FY24 | February 2024

Exit Stats at a Glance

16% YTD Turnover

11 February Voluntary Separations

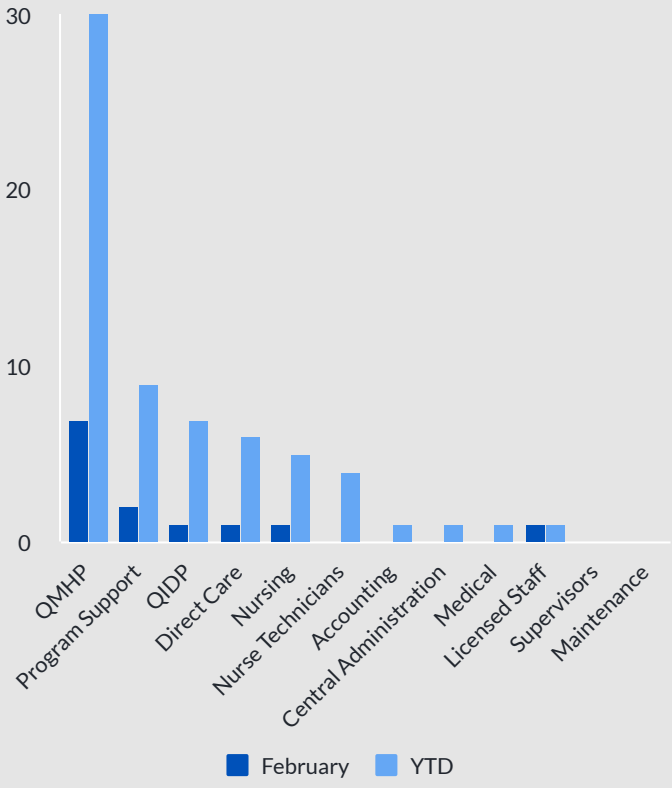
0 February Neutral Terminations

2 February Involuntary Terminations

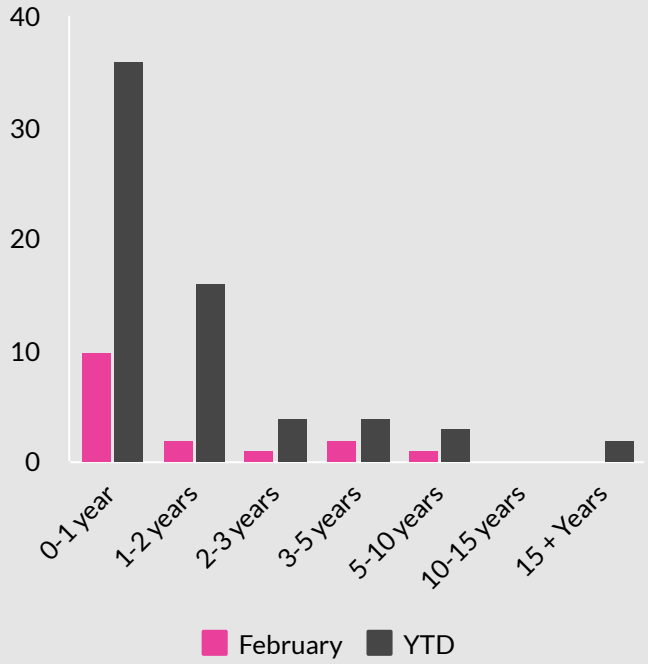
YTD Top Reasons for Separations

1. Another Job
2. Involuntarily Terminated
3. Health
4. Personal/Family, includes Relocating
5. Better Pay

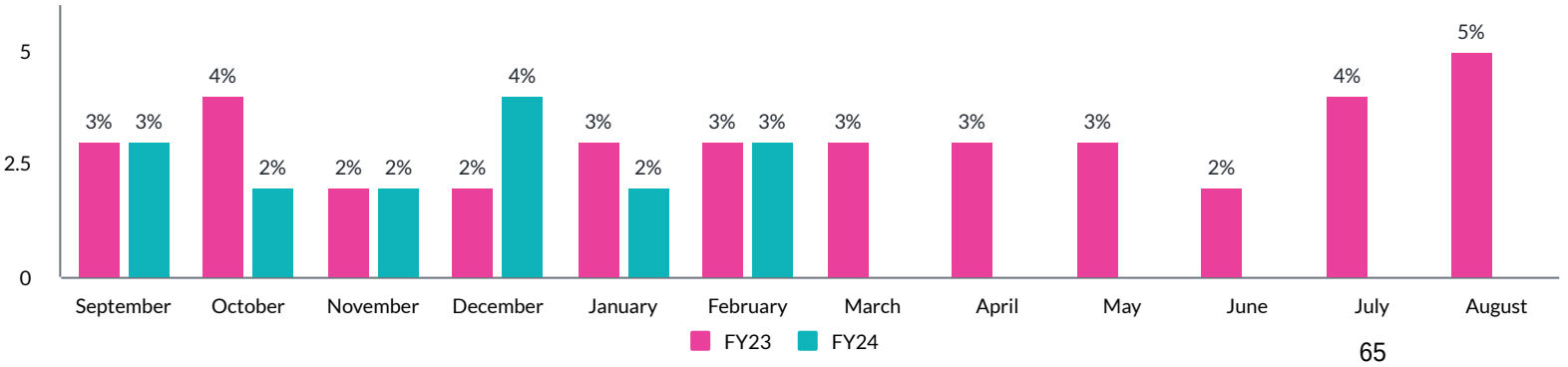
Separations by Category



Separations by Tenure



Turnover Rate by Month



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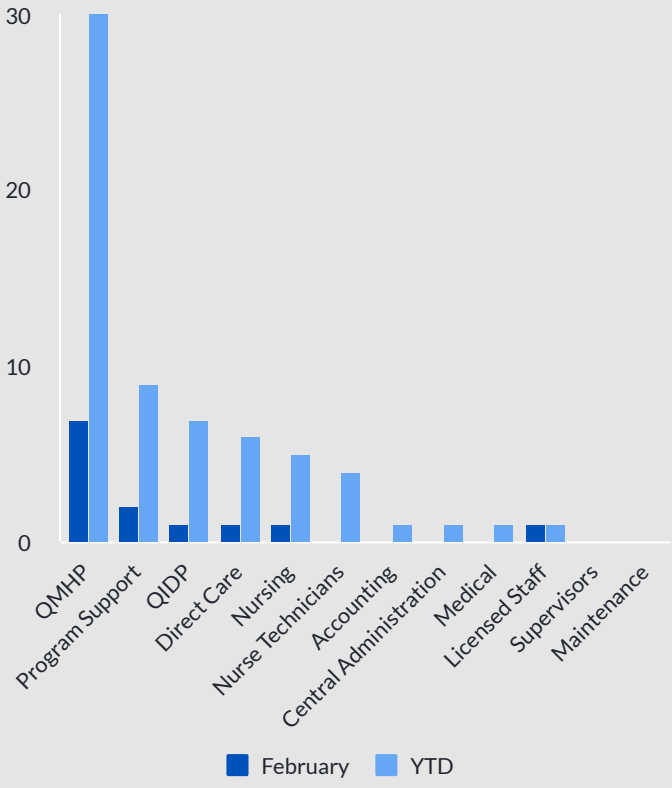
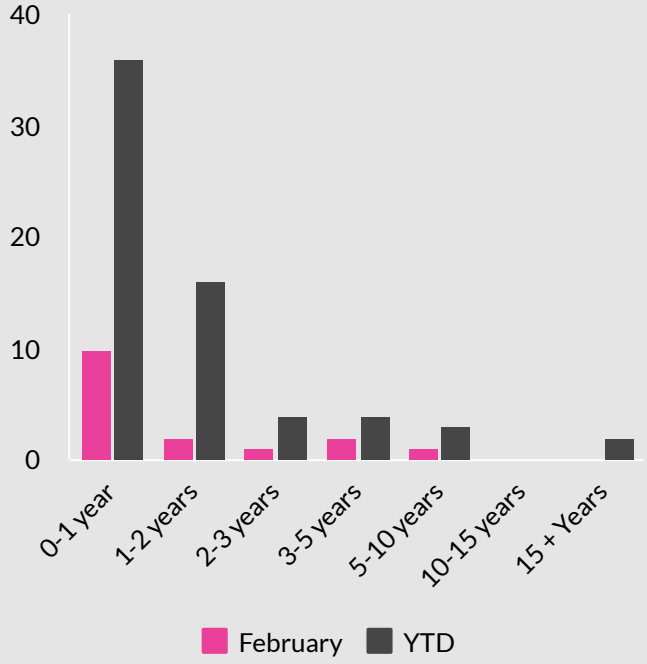
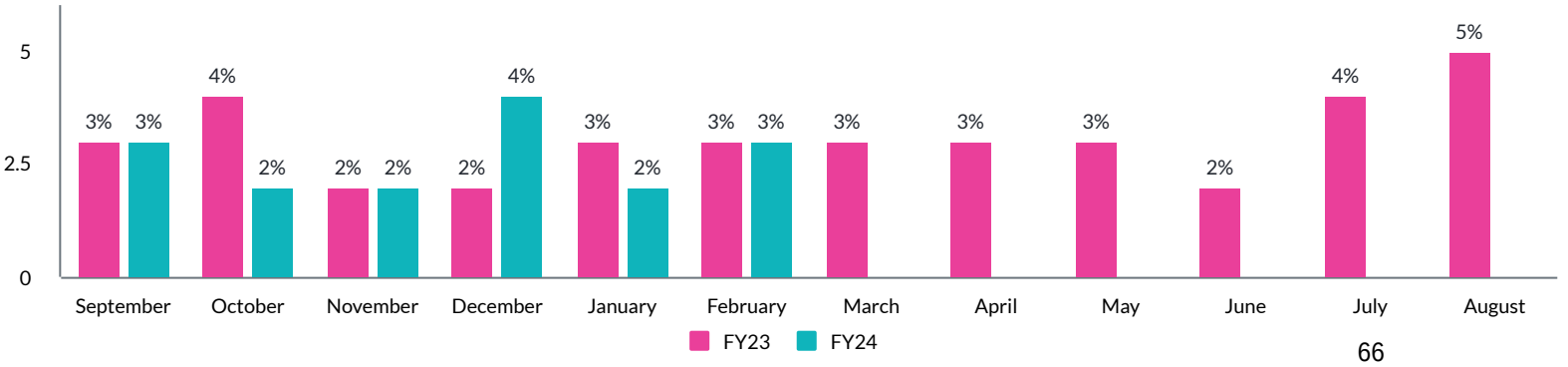


Separations by Tenure

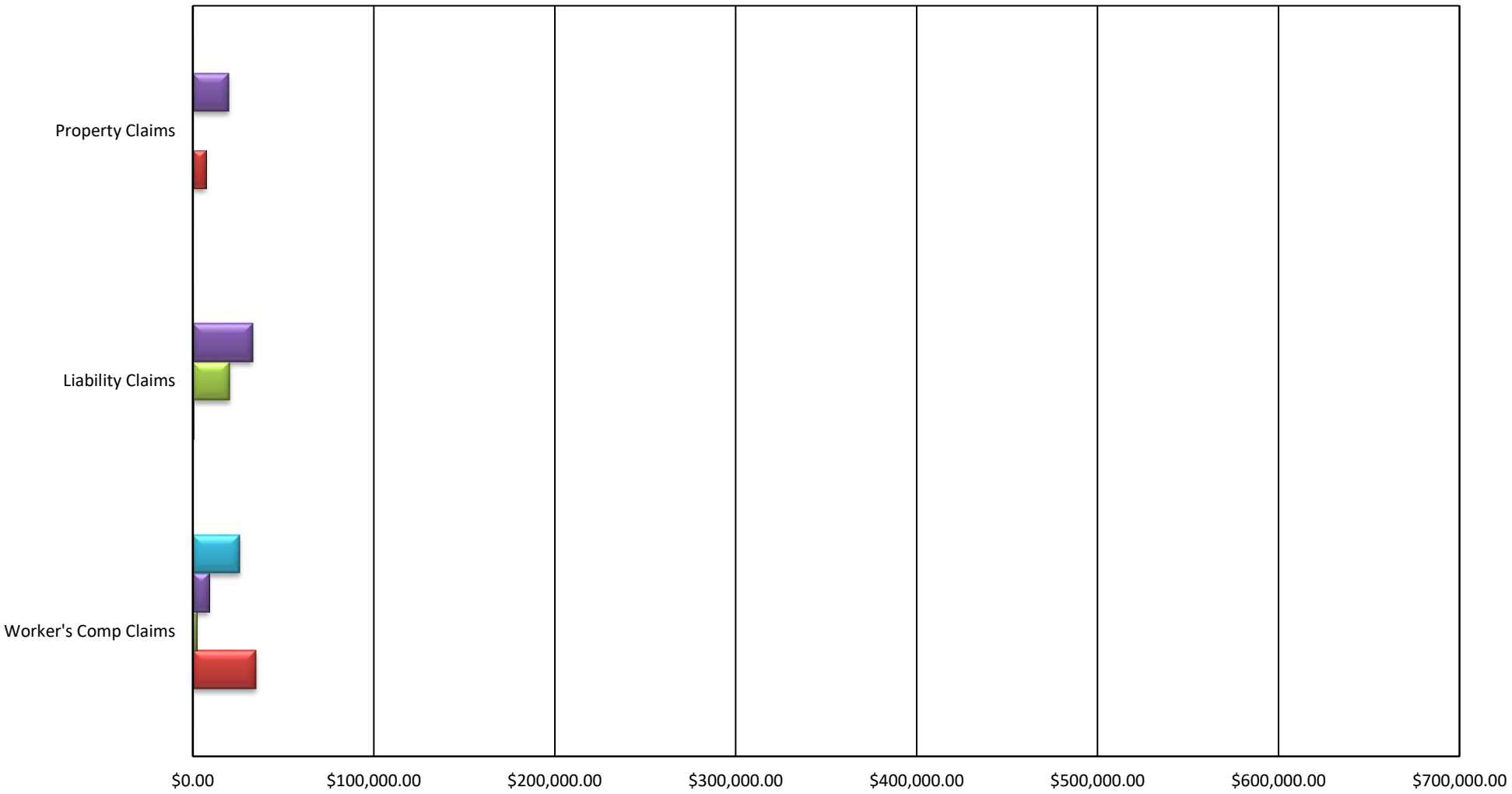


Turnover Rate by Month



Agenda Item: Texas Council Risk Management Fund Claims Summary as of February 2024 **Committee:** Executive	**Board Meeting Date:** March 28, 2024
Background Information: None	
Supporting Documentation: Texas Council Risk Management Fund Claims Summary as of February 2024	
Recommended Action: **For Information Only**	

TCRMF Claims Summary February 2024



	Worker's Comp Claims	Liability Claims	Property Claims
2020	$26,111.00	$0.00	$0.00
2021	$9,040.00	$33,042.00	$20,074.00
2022	$2,215.00	$20,538.00	$0.00
2023	$34,989.00	$351.00	$7,243.00
2024	$0.00	$0.00	$0.00

Agenda Item: Approve February 2024 Financial Statements **Committee:** Business	**Board Meeting Date** March 28, 2024
Background Information: None	
Supporting Documentation: February 2024 Financial Statements	
Recommended Action: **Approve February 2024 Financial Statements**	

February 2024 Financial Summary

Revenues for February 2024 were $4,068,518 and operating expenses were $3,797,058 resulting in a gain in operations of $271,460. Capital Expenditures and Extraordinary Expenses for February were $232,113 resulting in a gain of $39,346. Total revenues were 102.96% of the monthly budgeted revenues and total expenses were 102.18% of the monthly budgeted expenses (difference of .77%).

Year to date revenues are $24,776,876 and operating expenses are $23,556,222 leaving excess operating revenues of $1,220,654. YTD Capital Expenditures and Extraordinary Expenses are $1,316,431 resulting in a loss YTD of $95,777. Total revenues are 99.16% of the YTD budgeted revenues and total expenses are 99.90% of the YTD budgeted expenses (difference of -.74%)

REVENUES

YTD Revenue Items that are below the budget by more than $10,000:

Revenue Source	YTD Revenue	YTD Budget	% of Budget	$ Variance
Title XIX Case Management - MH	261,519	379,717	68.87%	118,198
Title XIX Case Management - IDD	576,079	797,713	72.22%	221,635
Title XIX HCS/IDD Program	930,917	956,000	97.38%	25,083
DPP – Component 1 & 2	947,995	964,970	98.24%	16,975
Medicaid-Regular-Title XIX	262,897	291,386	90.22%	28,488
Title XIX Rehab	777,915	1,051,623	73.97%	273,708
HHSC – MH First Aid	54,928	76,000	72.27%	21,072
HHSC – Autism Program	46,406	57,874	80.18%	11,470

XIX Case Management MH, Title XIX Case Management IDD, Title XIX HCS/IDD Program, Medicaid – Regular – Title XIX and Title XIX Rehab – These line items are our earned revenue categories that continue to trend well below our Pre-COVID historical service levels. For HCS/IDD program, they are having issues with clients getting their Medicaid coverage renewed. The process is very complicated to complete and therefore numerous clients have had their Medicaid coverage lost. We have hired a contractor to assist with these renewal packets and

we should see this resolved very soon. The earned income categories are an area that is not ours alone, other centers are having a difficult time meeting their revenue expectations in the current work environment.

DPP BHS – Component 1 and 2 – This line item is the Directed Payment Program for Behavioral Health Services. The DPP program is made up of two components:

- Component 1 is a uniform dollar increase issued in monthly payments to entities participating in the program. As a condition of participation, providers will report on progress made toward certification or maintenance of CCBHC status and provide status updates on DPP BHS quality improvement activities.
- Component 2 is a uniform percent increase on certain CCBHC services paid on adjudicated claims. As a condition of participation, providers are required to report on metrics that align with CCBHC measures and goals. Providers that have CCBBHC certification are eligible for a higher rate enhancement in this component.

So that being said, Component 1 is a flat amount and Component 2 is an additional amount based on the units of service provided. We are under budget in this category based on a decrease in the units of services being provided being less than the model used to determine our expected revenue for this fiscal year.

HHSC – MH First Aid – This line item is for one staff to be the Mental Health First Aid Outreach Coordinator and also provides funds for Tri-County to train First Responders and School Teachers on Mental Health First Aid. So far this year there hasn't been as many trainings provided as we have had in the past. We hope to see trainings increase during the summer months when time is available for school staff.

HHSC – Autism Program – This is our Autism program, which is a one staff program. Our autism staff has been out on leave this fiscal year which has caused this program to be under budget for revenue earned.

EXPENSES

YTD Individual line expense items that exceed the YTD budget by more than $10,000:

Expense Source	YTD Expenses	YTD Budget	% of Budget	$ Variance
Advertising – Recruitment	43,679	27,900	156.55%	15,779
Building Repairs & Maintenance	224,861	67,087	335.18%	157,774

Contract – Clinical	500,197	481,674	103.84%	18,523
Fixed Assets – Building Improvements	117,454	1,250	93.96%	116,204
Fixed Assets – Construction in Progress	583,990	200,000	291.99%	383,990
Fixed Assets – Furn & Equip	52,486	0	0%	52,486
Legal Fees	35,610	10,500	339.14%	25,110
Travel - Local	192,962	158,393	121.82%	34,569
Utilities – Water & Sewer	32,495	20,333	159.81%	12,163

Advertisement - Recruitment – This line item reflects the amount we pay for a recruiting fee for Doctors. We have been recruiting for doctors to fill current vacancies for many months.

Building Repairs & Maintenance – This line item is for the repair and maintenance of items at the existing buildings. The bulk of this overage is for the repair of the elevators at the Sgt Ed Holcomb building in Conroe. We finally have them all three up and running after many months of the Service Elevator being down waiting for repair parts to arrive. This line also has some recent charges for repairs and maintenance for the A/C units at the Sgt Ed Holcomb building. We have met with the A/C contractor that we use for repairs and have asked for cost comparisons for replacement of existing units and also for any future needs for A/C units.

Contract – Clinical – This item is for contracted clinical services. The line is over mainly due to contracting with an additional Psychiatrist to cover a vacant doctor position. This is offset by a lapse in the wage line for the vacant position.

Fixed Assets – Building Improvements – This line item is for the costs to finish up the refreshing of the Sgt. Ed Holcomb building that we started in last fiscal year. In particular this is for the completion of the calm room on the 2nd floor and also the final cost of the painting and flooring for the last portion of the building that was not completed last fiscal year.

Fixed Assets – Construction in Progress – This line item is for the purchase of the generator for the Cleveland facility. Also included in this line is architecture fees, City of Cleveland permit costs, and the two payments to JLA Construction for Phase I contract activity.

Fixed Assets – Furn & Equip – This line item is for the Conroe building refresh. The largest portion of this amount is for the replacement of the 2nd floor lobby seat,

pan and back of the chairs. We also purchased furniture for the new calm room located on the 2nd floor.

Legal Fees – This line item is the cost of our attorney's reviewing and bringing up to date the bond documents that have been under review for the past two to three months by Jackson Walker and a team of other lawyers from Municipal Capital. This has been very labor intensive since these documents haven't been updated in over 30 years. We would not sign them in their original condition, so corrections had to be made.

Travel - Local – This line item is for the reimbursement of miles driven by staff in their own personal vehicles. Our reimbursement rate has increased to match the current State of Texas approved rate of .625 cents per mile. We have more staff driving so hopefully this will all translate into more services being provided very soon.

Utilities – Water & Sewer – This line item has been trending higher than past years. But this past month we had a water leak at our vacant building in Liberty and we received a very large invoice for excessive water usage. So, this should trend down over the next couple of months.

TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended February 2024

ASSETS	TOTALS COMBINED FUNDS February 2024	TOTALS COMBINED FUNDS January 2024	Increase (Decrease)
CURRENT ASSETS			
Imprest Cash Funds	2,600	2,600	-
Cash on Deposit - General Fund	6,639,404	8,166,400	(1,526,996)
Cash on Deposit - Debt Fund			-
Accounts Receivable	5,670,550	6,433,933	(763,383)
Inventory	(419)	(155)	(264)
TOTAL CURRENT ASSETS	12,312,135	14,602,778	(2,290,643)
FIXED ASSETS	24,400,583	24,400,583	-
OTHER ASSETS	222,331	183,959	38,372
TOTAL ASSETS	**$ 36,935,049**	**$ 39,187,320**	**$ (2,252,271)**
LIABILITIES, DEFERRED REVENUE, FUND BALANCES			
CURRENT LIABILITIES	1,897,795	2,094,019	(196,224)
NOTES PAYABLE	802,466	802,466	-
DEFERRED REVENUE	1,253,101	3,224,024	(1,970,923)
LONG-TERM LIABILITIES FOR			
First Financial Conroe Building Loan	9,412,902	9,457,354	(44,452)
Guaranty Bank & Trust Loan	1,697,836	1,703,601	(5,765)
First Financial Huntsville Land Loan	813,645	816,522	(2,877)
Lease Liability	352,281	352,281	-
SBITA Liability	1,308,818	1,308,818	-
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR			
General Fund	(95,777)	(135,123)	39,346
FUND EQUITY			
RESTRICTED			
Net Assets Reserved for Debt Service	(12,276,664)	(12,329,759)	53,095
Reserved for Debt Retirement			-
COMMITTED			
Net Assets - Property and Equipment	23,091,764	23,091,764	-
Reserved for Vehicles & Equipment Replacement	613,712	613,712	-
Reserved for Facility Improvement & Acquisitions	1,916,010	2,046,645	(130,635)
Reserved for Board Initiatives	1,500,000	1,500,000	-
Reserved for 1115 Waiver Programs	502,677	502,677	-
ASSIGNED			
Reserved for Workers' Compensation	274,409	274,409	-
Reserved for Current Year Budgeted Reserve	37,000	30,833	6,167
Reserved for Insurance Deductibles	100,000	100,000	-
Reserved for Accrued Paid Time Off	(802,466)	(802,466)	-
UNASSIGNED			
Unrestricted and Undesignated	4,535,540	4,535,540	-
TOTAL LIABILITIES/FUND BALANCE	**$ 36,935,049**	**$ 39,187,320**	**$ (2,252,268)**

TRI-COUNTY BEHAVIORAL HEALTHCARE
CONSOLIDATED BALANCE SHEET
For the Month Ended February 2024

ASSETS	General Operating Funds	Memorandum Only Final August 2023
CURRENT ASSETS		
Imprest Cash Funds	2,600	2,100
Cash on Deposit - General Fund	6,639,404	7,455,394
Cash on Deposit - Debt Fund	-	-
Accounts Receivable	5,670,550	4,917,356
Inventory	(419)	1,205
TOTAL CURRENT ASSETS	12,312,135	12,376,055
FIXED ASSETS	24,400,583	24,400,583
OTHER ASSETS	222,331	223,016
		-
Total Assets	**$ 36,935,049**	**$ 36,999,654**
LIABILITIES, DEFERRED REVENUE, FUND BALANCES		
CURRENT LIABILITIES	1,897,795	2,165,154
NOTES PAYABLE	802,466	802,466
DEFERRED REVENUE	1,253,101	407,578
LONG-TERM LIABILITIES FOR		
First Financial Conroe Building Loan	9,412,902	9,679,420
Guaranty Bank & Trust Loan	1,697,836	1,732,496
First Financial Huntsville Land Loan	813,645	828,926
Lease Liability	352,281	352,281
SBITA Liability	1,308,818	1,308,818
EXCESS(DEFICIENCY) OF REVENUES OVER EXPENSES FOR		
General Fund	(95,777)	354,155
FUND EQUITY		
RESTRICTED		
Net Assets Reserved for Debt Service - Restricted	(12,276,664)	(12,593,123)
Reserved for Debt Retirement	-	-
COMMITTED		-
Net Assets - Property and Equipment - Committed	23,091,764	23,091,764
Reserved for Vehicles & Equipment Replacement	613,712	613,712
Reserved for Facility Improvement & Acquisitions	1,916,010	2,500,000
Reserved for Board Initiatives	1,500,000	1,500,000
Reserved for 1115 Waiver Programs	502,677	502,677
ASSIGNED		-
Reserved for Workers' Compensation - Assigned	274,409	274,409
Reserved for Current Year Budgeted Reserve - Assigned	37,000	-
Reserved for Insurance Deductibles - Assigned	100,000	100,000
Reserved for Accrued Paid Time Off	(802,466)	(802,466)
UNASSIGNED		
Unrestricted and Undesignated	4,535,540	4,181,387
TOTAL LIABILITIES/FUND BALANCE	**$ 36,935,052**	**$ 36,999,654**

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
For the Month Ended February 2024
and Year To Date as of February 2024

INCOME:	MONTH OF February 2024	YTD February 2024
Local Revenue Sources	194,232	1,233,992
Earned Income	2,172,300	12,625,387
General Revenue - Contract	1,701,986	10,917,497
TOTAL INCOME	**$ 4,068,518**	**$ 24,776,876**
EXPENSES:		
Salaries	2,059,939	13,406,058
Employee Benefits	421,906	2,451,369
Medication Expense	58,938	302,072
Travel - Board/Staff	34,152	208,479
Building Rent/Maintenance	21,615	261,974
Consultants/Contracts	941,448	5,242,620
Other Operating Expenses	259,059	1,683,652
TOTAL EXPENSES	**$ 3,797,058**	**$ 23,556,222**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**$ 271,460**	**$ 1,220,654**
CAPITAL EXPENDITURES		
Capital Outlay - FF&E, Automobiles, Building	145,082	794,242
Capital Outlay - Debt Service	87,031	522,189
TOTAL CAPITAL EXPENDITURES	**$ 232,113**	**$ 1,316,431**
GRAND TOTAL EXPENDITURES	**$ 4,029,171**	**$ 24,872,653**
Excess (Deficiency) of Revenues and Expenses	**$ 39,347**	**$ (95,777)**

Debt Service and Fixed Asset Fund:		
Debt Service	87,031	522,189
Excess (Deficiency) of Revenues over Expenses	**87,031**	**522,189**

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
Year to Date as of February 2024

	YTD February 2024	APPROVED BUDGET	Increase (Decrease)
INCOME:			
Local Revenue Sources	1,233,992	767,053	466,939
Earned Income	12,625,387	13,265,608	(640,221)
General Revenue	10,917,497	10,954,381	(36,884)
TOTAL INCOME	**$ 24,776,876**	**$ 24,987,042**	**$ (210,165)**
EXPENSES:			
Salaries	13,406,058	14,227,899	(821,841)
Employee Benefits	2,451,369	2,489,676	(38,307)
Medication Expense	302,072	292,527	9,545
Travel - Board/Staff	208,479	178,704	29,775
Building Rent/Maintenance	261,974	104,105	157,869
Consultants/Contracts	5,242,620	5,216,347	26,273
Other Operating Expenses	1,683,652	1,622,513	61,139
TOTAL EXPENSES	**$ 23,556,222**	**$ 24,131,771**	**$ (575,549)**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**$ 1,220,654**	**$ 855,271**	**$ 365,384**
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	794,242	243,583	550,658
Capital Outlay - Debt Service	522,189	522,189	-
TOTAL CAPITAL EXPENDITURES	**$ 1,316,431**	**$ 765,772**	**$ 550,658**
GRAND TOTAL EXPENDITURES	**$ 24,872,653**	**$ 24,897,543**	**$ (24,891)**
Excess (Deficiency) of Revenues and Expenses	**$ (95,777)**	**$ 89,497**	**$ (185,275)**
Debt Service and Fixed Asset Fund:			
Debt Service	522,189	522,189	**-**
Excess(Deficiency) of Revenues over Expenses	**522,189**	**522,189**	**-**

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
Compared to Budget
For the Month Ended February 2024

INCOME:	MONTH OF February 2024	APPROVED BUDGET	Increase (Decrease)
Local Revenue Sources	194,232	54,479	139,753
Earned Income	2,172,300	2,190,324	(18,024)
General Revenue-Contract	1,701,986	1,706,904	(4,918)
TOTAL INCOME	**$ 4,068,518**	**$ 3,951,707**	**$ 116,810**
EXPENSES:			
Salaries	2,059,939	2,195,643	(135,704)
Employee Benefits	421,906	398,897	23,009
Medication Expense	58,938	49,421	9,517
Travel - Board/Staff	34,152	29,784	4,368
Building Rent/Maintenance	21,615	22,351	(736)
Consultants/Contracts	941,448	911,901	29,547
Other Operating Expenses	259,059	246,218	12,841
TOTAL EXPENSES	**$ 3,797,058**	**$ 3,854,215**	**$ (57,156)**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**$ 271,460**	**$ 97,492**	**$ 173,966**
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	145,082	1,875	143,206
Capital Outlay - Debt Service	87,031	87,031	-
TOTAL CAPITAL EXPENDITURES	**$ 232,113**	**$ 88,906**	**$ 143,206**
GRAND TOTAL EXPENDITURES	**$ 4,029,171**	**$ 3,943,121**	$ 86,050
Excess (Deficiency) of Revenues and Expenses	**$ 39,347**	**$ 8,586**	**$ 30,759**

Debt Service and Fixed Asset Fund:			
Debt Service	87,031	87,031	-
Excess (Deficiency) of Revenues over Expenses	**87,031**	**87,031**	**-**

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With YTD February 2023 Comparative Data
Year to Date as of February 2024

INCOME:	YTD February 2024	YTD February 2023	Increase (Decrease)
Local Revenue Sources	1,233,992	2,431,170	(1,197,178)
Earned Income	12,625,387	10,014,442	2,610,945
General Revenue-Contract	10,917,497	8,309,685	2,607,812
TOTAL INCOME	**$ 24,776,876**	**$ 20,755,297**	**$ 4,021,579**
EXPENSES:			
Salaries	13,406,058	10,928,307	2,477,751
Employee Benefits	2,451,369	2,041,497	409,872
Medication Expense	302,072	245,467	56,605
Travel - Board/Staff	208,479	173,896	34,583
Building Rent/Maintenance	261,974	171,408	90,566
Consultants/Contracts	5,242,620	4,228,830	1,013,790
Other Operating Expenses	1,683,652	1,671,383	12,269
TOTAL EXPENSES	**$ 23,556,222**	**$ 19,460,788**	**$ 4,095,436**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**$ 1,220,654**	**$ 1,294,509**	**$ (73,857)**
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	794,242	524,169	270,073
Capital Outlay - Debt Service	522,189	494,274	27,915
TOTAL CAPITAL EXPENDITURES	**$ 1,316,431**	**$ 1,018,443**	**$ 297,988**
GRAND TOTAL EXPENDITURES	**$ 24,872,653**	**$ 20,479,231**	**$ 4,393,422**
Excess (Deficiency) of Revenues and Expenses	**$ (95,777)**	**$ 276,066**	**$ (371,845)**

Debt Service and Fixed Asset Fund:			
Debt Service	522,189	494,274	27,915
			-
Excess (Deficiency) of Revenues over Expenses	**522,189**	**494,274**	**27,915**

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With January 2024 Comparative Data
For the Month Ended February 2024

INCOME:	MONTH OF February 2024	MONTH OF January 2024	Increase (Decrease)
Local Revenue Sources	194,232	213,688	(19,456)
Earned Income	2,172,300	1,879,589	292,711
General Revenue-Contract	1,701,986	1,833,291	(131,305)
TOTAL INCOME	**$ 4,068,518**	**$ 3,926,568**	**$ 141,950**
EXPENSES:			
Salaries	2,059,939	2,039,654	20,285
Employee Benefits	421,906	385,740	36,166
Medication Expense	58,938	58,330	608
Travel - Board/Staff	34,152	29,245	4,907
Building Rent/Maintenance	21,615	35,023	(13,408)
Consultants/Contracts	941,448	906,851	34,597
Other Operating Expenses	259,059	275,389	(16,330)
TOTAL EXPENSES	**$ 3,797,058**	**$ 3,730,232**	**$ 66,825**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**$ 271,460**	**$ 196,336**	**$ 75,125**
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	145,082	125,262	19,820
Capital Outlay - Debt Service	87,031	87,031	-
TOTAL CAPITAL EXPENDITURES	**$ 232,113**	**$ 212,293**	**$ 19,820**
GRAND TOTAL EXPENDITURES	**$ 4,029,171**	**$ 3,942,525**	**$ 86,646**
Excess (Deficiency) of Revenues and Expenses	**$ 39,347**	**$ (15,957)**	**$ 55,305**

Debt Service and Fixed Asset Fund:			
Debt Service	87,031	87,031	-
Excess (Deficiency) of Revenues over Expenses	**87,031**	**87,031**	**-**

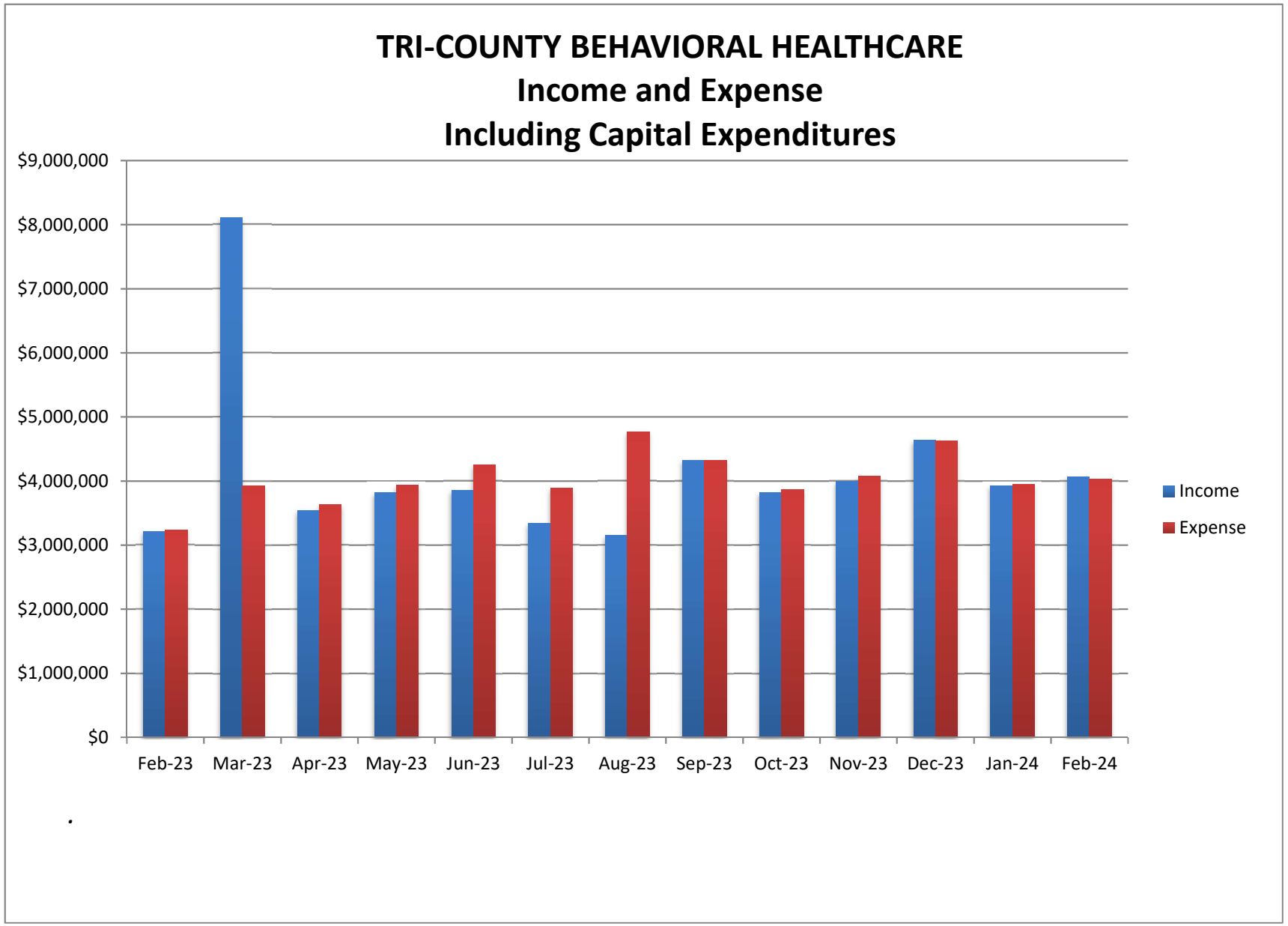
TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary
With February 2023 Comparative Data
For the Month ending February 2024

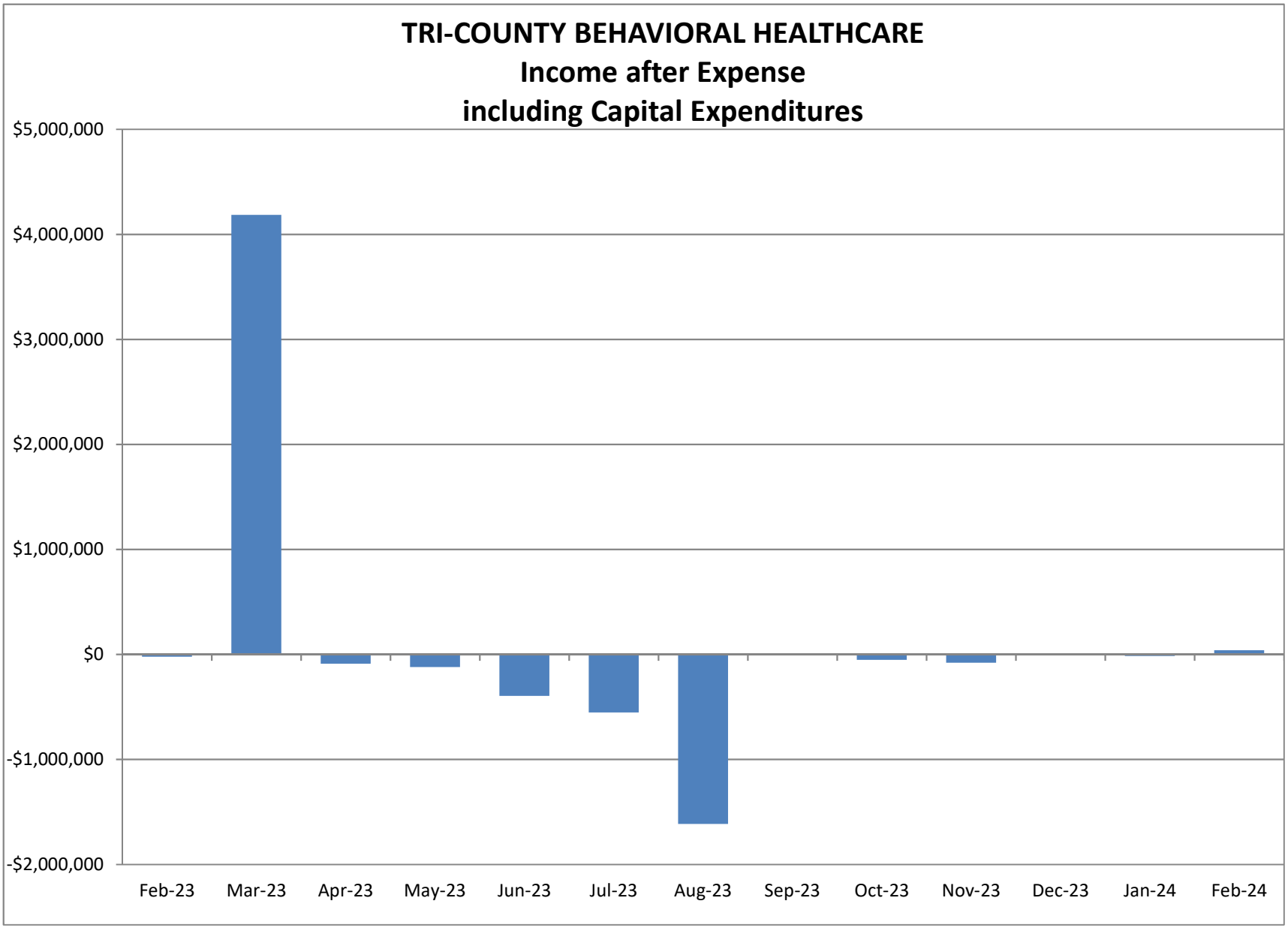
INCOME:	MONTH OF February 2024	MONTH OF February 2023	Increase (Decrease)
Local Revenue Sources	194,232	1,312	192,920
Earned Income	2,172,300	1,901,845	270,455
General Revenue-Contract	1,701,986	1,313,548	388,438
TOTAL INCOME	**$ 4,068,518**	**$ 3,216,705**	**$ 851,813**
Salaries	2,059,939	1,733,186	326,753
Employee Benefits	421,906	333,527	88,379
Medication Expense	58,938	41,365	17,573
Travel - Board/Staff	34,152	29,859	4,293
Building Rent/Maintenance	21,615	43,052	(21,437)
Consultants/Contracts	941,448	676,739	264,709
Other Operating Expenses	259,059	216,846	42,213
TOTAL EXPENSES	**$ 3,797,058**	**$ 3,074,574**	**$ 722,483**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**$ 271,460**	**$ 142,131**	**$ 129,330**
CAPITAL EXPENDITURES			
Capital Outlay - FF&E, Automobiles, Building	145,082	78,384	66,698
Capital Outlay - Debt Service	87,031	87,031	-
TOTAL CAPITAL EXPENDITURES	**$ 232,113**	**$ 165,415**	**$ 66,698**
GRAND TOTAL EXPENDITURES	**$ 4,029,171**	**$ 3,239,989**	**$ 789,182**
Excess (Deficiency) of Revenues and Expenses	**$ 39,347**	**$ (23,285)**	**$ 62,632**

Debt Service and Fixed Asset Fund:			
Debt Service	87,031	87,031	-
			-
Excess (Deficiency) of Revenues over Expenses	**87,031**	**87,031**	**-**

TRI-COUNTY BEHAVIORAL HEALTHCARE
Revenue and Expense Summary by Service Type
Compared to Budget
Year To Date as of February 2024

INCOME:	YTD Mental Health February 2024	YTD IDD February 2024	YTD Other Services February 2024	YTD Agency Total February 2024	YTD Approved Budget February 2024	Increase (Decrease)
Local Revenue Sources	1,410,839	(6,759)	(170,089)	1,233,992	767,053	466,939
Earned Income	5,157,257	2,159,072	5,309,058	12,625,387	13,265,607	(640,220)
General Revenue-Contract	9,641,632	959,570	316,295	10,917,497	10,954,381	(36,884)
TOTAL INCOME	**16,209,728**	**3,111,883**	**5,455,264**	**$ 24,776,876**	**$ 24,987,041**	**$ (210,165)**
EXPENSES:						
Salaries	8,425,466	1,793,407	3,187,184	13,406,057	14,227,899	(821,841)
Employee Benefits	1,574,798	346,245	530,326	2,451,369	2,489,676	(38,307)
Medication Expense	262,205		39,867	302,072	292,527	9,546
Travel - Board/Staff	111,385	64,905	32,189	208,479	178,704	29,775
Building Rent/Maintenance	244,851	7,359	9,764	261,974	104,105	157,869
Consultants/Contracts	3,489,116	613,141	1,140,362	5,242,619	5,216,347	26,272
Other Operating Expenses	1,070,883	339,563	273,206	1,683,652	1,622,513	61,138
TOTAL EXPENSES	**15,178,705**	**3,164,620**	**5,212,898**	**$ 23,556,222**	**$ 24,131,771**	**$ (575,549)**
Excess(Deficiency) of Revenues over Expenses before Capital Expenditures	**1,031,023**	**(52,737)**	**242,365**	**$ 1,220,654**	**$ 855,270**	**$ 365,384**
CAPITAL EXPENDITURES						
Capital Outlay - FF&E, Automobiles, Building	571,197	83,299	139,746	794,242	243,583	550,659
Capital Outlay - Debt Service	339,423	67,885	114,882	522,189	522,189	-
TOTAL CAPITAL EXPENDITURES	**910,620**	**151,184**	**254,628**	**$ 1,316,431**	**$ 765,772**	**$ 550,659**
GRAND TOTAL EXPENDITURES	**16,089,325** ##	**3,315,804** ##	**5,467,526**	**$ 24,872,653**	**$ 24,897,543**	**$ (24,890)**
Excess (Deficiency) of Revenues and Expenses	**120,405**	**(203,920)**	**(12,262)**	**$ (95,777)** #	**$ 89,498**	**$ (185,275)**
Debt Service and Fixed Asset Fund:						
Debt Service	910,620	151,184	254,628	1,316,431	765,772	550,659
		-	-	-		-
Excess (Deficiency) of Revenues over Expenses	**910,620**	**151,184**	**254,628**	**1,316,431**	**765,772**	**550,659**


TRI-COUNTY BEHAVIORAL HEALTHCARE
Income and Expense
Including Capital Expenditures
$9,000,000
$8,000,000
$7,000,000
$6,000,000
$5,000,000
$4,000,000
$3,000,000
$2,000,000
$1,000,000
$0
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24
Income
Expense


TRI-COUNTY BEHAVIORAL HEALTHCARE
Income after Expense
including Capital Expenditures
$5,000,000
$4,000,000
$3,000,000
$2,000,000
$1,000,000
$0
-$1,000,000
-$2,000,000
Feb-23
Mar-23
Apr-23
May-23
Jun-23
Jul-23
Aug-23
Sep-23
Oct-23
Nov-23
Dec-23
Jan-24
Feb-24

Agenda Item: Approve Participation in Texas Council Risk Management Fund Minimum Contribution Plan for Workers' Compensation Coverage **Committee:** Business	**Board Meeting Date** March 28, 2024

Background Information:

The Texas Council Risk Management Fund adopted revised coverage options for Workers' Compensation; the revised Minimum Contribution Plan (MCP) offers a minimum contribution of 80% with a maximum contribution of 100%, depending upon the Center's level of equity in the Fund. The Center would budget the 80% contribution and reserve the remaining 20% as Workers' Compensation Reserves.

Staff are recommending that the Board adopt the resolution to participate in the Minimum Contribution Plan for Workers' Compensation.

Supporting Documentation:

Amendment to Interlocal Agreement from Texas Council Risk Management Fund

Recommended Action:

Approve Amendment to the Interlocal Agreement to Participate in Texas Council Risk Management Fund's Minimum Contribution Plan for Workers' Compensation Coverage

AMENDMENT TO
INTERLOCAL AGREEMENT
TEXAS COUNCIL RISK MANAGEMENT FUND

This contract and amendment to the Interlocal Agreement is entered into between the Texas Council Risk Management Fund (the Fund) and the undersigned member of the Fund.

WHEREAS the Fund and the undersigned have previously entered into an Interlocal Agreement evidencing the undersigned's self-insurance coverage through the Fund;

WHEREAS the undersigned is eligible for the Minimum Contribution Plan (MCP) for workers' compensation, as established by the board of Trustees of the Fund, which modifies the normal calculation of contribution under Section 7 of the Interlocal Agreement;

WHEREAS the parties desire to modify Section 7 of the Interlocal Agreement to reflect the implementations of a MCP for workers' compensation.

NOW, THEREFORE, for and in consideration of the premises, the premises contained herein, and other good and valuable consideration, the parties agree as follows:

This amendment to the Texas Council Risk Management Fund Interlocal Agreement is for The Fund Year period of **September 1, 2024,** through **August 31, 2025**.

It is agreed that the (the member) will pay workers' compensation contributions relative to its own loss experience. This will be subject to a minimum and a maximum MCP factor (as set forth below). In determining final contribution, ultimate losses and expenses will be compared to standard contribution to determine the combined ratio. (i.e., the sum of ultimate losses and expenses divided by standard contribution.)

Tri-County Behavioral Healthcare elects the following option for Fund Year 2024 – 2025:
(Check only one)

☒ 80% (minimum MCP factor) of standard contribution up-front with the potential of eventually paying up to 100% (maximum MCP factor) of standard contribution over six annual adjustments; or

☐ MCP Option Declined

A combined ratio less than or equal to the minimum MCP factor will result in a contribution equal to the product of the minimum MCP factor and the standard Fund contribution. A combined ratio between the minimum and maximum MCP factors will result in a contribution equal to the product of the combined ratio and the standard Fund contribution. A combined ratio greater than or equal to the maximum MCP factor will result in a contribution equal to the product of the maximum MCP factor and the standard Fund contribution.

The member agrees to pay contributions based on actual payrolls during this period. Adjustments will be made on January 1 for each of the six years following the end of the **2024-2025** Fund year. These adjustments could require that the member make an additional contribution to the Fund.

All other provisions of the Interlocal Agreement, as amended, shall remain in full force and effect.

Tri-County Behavioral Healthcare	**TEXAS COUNCIL RISK MANAGEMENT FUND**
By: _____ Signature of Authorized Center Official	By: _____ Signature of Authorized Fund Official
Title: _____	Title: Board Chair
Date: _____	Date: _____

Agenda Item: Approve HHSC Grant Agreement, Contract No. HHS001285300016, Multisystemic Therapy Grant Program **Committee:** Business	**Board Meeting Date** March 28, 2024

Background Information:

The purpose of this HHSC funding is to expand the use of Multisystemic Therapy (MST) in the state of Texas. MST is an evidence-based intensive family and community-based treatment program for at-risk youth with intensive needs and their families. MST is a short-term (three to five months), intensive (services are available 24 hours a day), and community-based clinical intervention aimed at promoting pro-social behavior and interrupting the youth's involvement with the juvenile justice system. MST is non-traditional as services are delivered in the youth's community and home instead of in an office setting. MST addresses the core causes of delinquent and antisocial conduct by identifying key drivers of the behaviors through ecological assessment of the youth.

This grant required that Tri-County contract with MST Services, the owner of the MST Evidence-Based Program, to oversee the MST program.

Funding for the grant is $692,045 per year which includes $100,000 per year for MST Services' oversight.

There have been a series of webinars to get the program started, but we have not yet posted these positions and have not yet begun hiring staff. After staff are hired, MST Services will provide specialized training to them. At this point, staff expect that it will be several more months before this program is operational. There will be five staff for the grant and we will serve 20-22 youth at a time. The grant will serve all three counties, but depending on travel time (one-way), may not be able to serve all youth that are referred.

Supporting Documentation:

Contract available for review.

Recommended Action:

Approve HHSC Grant Agreement, Contract No. HHS001285300016, Multisystemic Therapy Grant Program

Agenda Item: 2nd Quarter FY 2024 Quarterly Investment Report **Committee:** Business	**Board Meeting Date** March 28, 2024
Background Information: This report is provided to the Board of Trustees of Tri-County Services in accordance with Board Policy on fiscal management and in compliance with Chapter 2256: Subchapter A of the Public Funds Investment Act.	
Supporting Documentation: Quarterly TexPool Investment Report Quarterly Interest Report	
Recommended Action: **For Information Only**	

QUARTERLY INVESTMENT REPORT
TEXPOOL FUNDS

For the Period Ending February 29, 2024

GENERAL INFORMATION

This report is provided to the Board of Trustees of Tri-County Behavioral Healthcare in accordance with Board Policy on fiscal management and in compliance with Chapter 2256; Subchapter A of the Public Funds Investment Act.

Center funds for the period have been partially invested in the Texas Local Government Investment Pool (TexPool), organized in conformity with the Interlocal Cooperation Act, Chapter 791 of the Texas Government Code, and the Public Funds Investment Act, Chapter 2256 of the Texas Government Code. The Comptroller of Public Accounts is the sole officer, director, and shareholder of the Texas Treasury Safekeeping Trust Company which is authorized to operate TexPool. Pursuant to the TexPool Participation Agreement, administrative and investment services to TexPool are provided by Federated Investors, Inc. ("Federated"). The Comptroller maintains oversight of the services provided. In addition, the TexPool Advisory Board, composed equally of participants in TexPool and other persons who do not have a business relationship with TexPool, advise on investment policy and approves fee increases.

TexPool investment policy restricts investment of the portfolio to the following types of investments:

Obligations of the United States Government or its agencies and instrumentalities with a maximum final maturity of 397 days for fixed rate securities and 24 months for variable rate notes;

Fully collateralized repurchase agreements and reverse repurchase agreements with defined termination dates may not exceed 90 days unless the repurchase agreements have a provision that enables TexPool to liquidate the position at par with no more than seven days notice to the counterparty. The maximum maturity on repurchase agreements may not exceed 181 days. These agreements may be placed only with primary government securities dealers or a financial institution doing business in the State of Texas.

No-load money market mutual funds are registered and regulated by the Securities and Exchange Commission and rated AAA or equivalent by at least one nationally recognized rating service. The money market mutual fund must maintain a dollar weighted average stated maturity of 90 days or less and include in its investment objectives the maintenance of a stable net asset value of $1.00.

TexPool is governed by the following specific portfolio diversification limitations;

100% of the portfolio may be invested in obligations of the United States.

100% of the portfolio may be invested in direct repurchase agreements for liquidity purposes.

Reverse repurchase agreements will be used primarily to enhance portfolio return within a limitation of up to one-third (1/3) of total portfolio assets.

No more than 15% of the portfolio may be invested in approved money market mutual funds.

The weighted average maturity of TexPool cannot exceed 60 days calculated using the reset date for variable rate notes and 90 days calculated using the final maturity date for variable rate notes.

The maximum maturity for any individual security in the portfolio is limited to 397 days for fixed rate securities and 24 months for variable rate notes.

TexPool seeks to maintain a net asset value of $1.00 and is designed to be used for investment of funds which may be needed at any time.

STATISTICAL INFORMATION

Market Value for the Period

Portfolio Summary	December	January	February
Uninvested Balance	$1,284.78	$575.99	$279.35
Accrual of Interest Income	$99,368,657.24	$92,917,497.56	$111,133,288.22
Interest and Management Fees Payable	($134,749,268.51)	($153,033,742.88)	($158,601,502.15)
Payable for Investments Purchased	($991,778,890.00)	($2,333,839,999.93)	($2,041,718,395.85)
Accrued Expense & Taxes	($103,811.31)	($40,324.24)	($41,327.97)
Repurchase Agreements	$8,341,959,000.00	$9,839,096,000.00	$9,580,291,000.00
Mutual Fund Investments	$2,402,085,200.00	$1,867,085,200.00	$1,867,085,200.00
Government Securities	$10,079,881,612.70	$12,001,905,712.65	$11,441,132,198.07
U.S. Treasury Bills	$10,205,183,035.03	$12,758,796,003.23	$14,487,603,665.24
U.S. Treasury Notes	$1,948,379,475.45	$1,674,261,939.85	$1,745,506,779.80
TOTAL	**$31,950,226,295.38**	**$35,747,148,862.23**	**$37,032,391,184.89**

Book Value for the Period

Type of Asset	Beginning Balance	Ending Balance
Uninvested Balance	($181.11)	$279.35
Accrual of Interest Income	$99,606,461.76	$111,133,288.22
Interest and Management Fees Payable	($128,194,440.27)	($158,601,502.15)
Payable for Investments Purchased	($45,000,000.00)	($2,041,718,395.85)
Accrued Expenses & Taxes	($36,209.83)	($41,327.97)
Repurchase Agreements	$7,851,886,000.00	$9,580,291,000.00
Mutual Fund Investments	$2,112,085,200.00	$1,867,085,200.00
Government Securities	$10,647,036,993.16	$11,441,497,260.46
U.S. Treasury Bills	$6,342,671,890.58	$14,488,964,820.68
U.S. Treasury Notes	$1,684,761,589.56	$1,744,678,450.64
TOTAL	**$28,564,817,303.85**	**$37,033,289,073.38**

Portfolio by Maturity as of February 29th, 2024

1 to 7 days	8 to 90 day	91 to 180 days	181 + days
59%	32.2%	2.0%	6.8%

Portfolio by Type of Investments as of February 29th, 2024

Treasuries	Repurchase Agreements	Agencies	Money Market Funds
41.5%	24.5%	29.2%	4.8%

SUMMARY INFORMATION

On a simple daily basis, the monthly average yield was 5.37% for December, 5.35% for January, and 5.33% for February.

As of the end of the reporting period, market value of collateral supporting the Repurchase Agreements was at least 102% of the Book Value.

The weighted average maturity of the fund as of February 29th, 2024 was 34 days.

The net asset value as of February 29th, 2024 was 0.99997.

The total amount of interest distributed to participants during the period was $158,599,801.01.

TexPool interest rates did not exceed 90 Day T-Bill rates during the entire reporting period.

TexPool has a current money market fund rating of AAAm by Standard and Poor's.

During the reporting period, the total number of participants increased to 2,843.

Fund assets are safe kept at the State Street Bank in the name of TexPool in a custodial account.

During the reporting period, the investment portfolio was in full compliance with Tri-County Behavioral Healthcare's Investment Policy and with the Public Funds Investment Act.

Submitted by:

_____ _____
Evan Roberson Date
Executive Director / Investment Officer

_____ _____
Millie McDuffey Date
Chief Financial Officer / Investment Officer

_____ _____
Darius Tuminas Date
Controller / Investment Officer

_____ _____
Tabatha Abbott Date
Manager of Accounting / Investment Officer

TRI-COUNTY BEHAVIORAL HEALTHCARE
QUARTERLY INTEREST EARNED REPORT
FISCAL YEAR 2024
As Of February 28, 2024

BANK NAME	INTEREST EARNED				
	1st QTR.	2nd QTR.	3rd QTR.	4th QTR.	YTD TOTAL
Alliance Bank - Central Texas CD	$ 315.07	$ 315.06			$ 630.13
First Liberty National Bank	$ 1.85	$ 1.85			$ 3.70
JP Morgan Chase (HBS)	$ 14,630.20	$ 17,433.49			$ 32,063.69
Prosperity Bank	$ 25.68	$ 17.40			$ 43.08
Prosperity Bank CD (formerly Tradition)	$ 2.63	$ 1.82			$ 4.45
TexPool Participants	$ 28,105.23	$ 28,460.62			$ 56,565.85
First Financial Bank	$ 630.16	$ 632.96			$ 630.16
Total Earned	$ 43,710.82	$ 46,863.20	$ -	$ -	$ 90,574.02

Agenda Item: Board of Trustees Unit Financial Statements as of February 2024 **Committee:** Business	**Board Meeting Date** March 28, 2024
Background Information: None	
Supporting Documentation: February 2024 Board of Trustees Unit Financial Statement	
Recommended Action: **For Information Only**	

Unit Financial Statement

FY 2024

February 29, 2024

	February 2024 Budget	February 2024 Actual	Variance	YTD Budget	YTD Actual	Variance	Percent	Budget
Revenues								
Allocated Revenue	$ 2,005	$ 2,005	$ -	$ 12,032	$ 12,032	$ -	100%	$ 24,065
Total Revenue	$ 2,005	$ 2,005	$ -	$ 12,032	$ 12,032	$ -	100%	$ 24,065
Expenses								
Advertising-Public Awareness	$ -	$ -	$ -	$ -	$ 12	$ (12)	0%	$ -
Insurance-Worker Compensation	$ 5	$ 3	$ 2	$ 33	$ 15	$ 18	45%	$ 65
Legal Fees	$ 1,500	$ 1,500	$ -	$ 9,000	$ 9,000	$ -	100%	$ 18,000
Training	$ 167	$ 975	$ (808)	$ 1,000	$ 975	$ 25	98%	$ 2,000
Travel - Local	$ -	$ -	$ -	$ -	$ -	$ -	0%	$ -
Travel - Non-local mileage	$ 37	$ -	$ 37	$ 225	$ 240	$ (14)	107%	$ 450
Travel - Non-local Hotel	$ 250	$ -	$ 250	$ 1,500	$ 762	$ 738	51%	$ 3,000
Travel - Meals	$ 46	$ -	$ 46	$ 275	$ 84	$ 191	31%	$ 550
Total Expenses	$ 2,005	$ 2,478	$ (473)	$ 12,032	$ 11,088	$ 946	92%	$ 24,065
Total Revenue minus Expenses	$ 0	$ (473)	$ 473	$ -	$ 946	$ (946)	8%	$ -

UPCOMING MEETINGS

April 25, 2024 – Board Meeting

- Approve Minutes from March 28, 2024 Board Meeting
- Community Resources Report
- Consumer Services Report for March 2024
- Program Updates
- Personnel Report for March 2024
- Texas Council Risk Management Fund Claims Summary as of March 2024
- Approve Financial Statements for March 2024
- Consider Selection of FY 2024 Auditor
- HUD 811 Updates (Cleveland, Montgomery and Huntsville)
- Board of Trustees Unit Financial Statement as of March 2024
- Annual Board and Management Team Training

May 23, 2024 – Board Meeting

- Longevity Recognitions
- Approve Minutes from April 25, 2024 Board Meeting
- Community Resources Report
- Consumer Services Report for April 2024
- Program Updates
- Personnel Report for April 2024
- Texas Council Risk Management Fund Claims Summary as of April 20234
- Texas Council Quarterly Board Meeting Update
- Approve Financial Statements for April 2024
- Board of Trustees Unit Financial Statement as of April 2024
- Consumer Foundation Board Meeting Update

Tri-County Behavioral Healthcare Acronyms

Acronym	Name
1115	Medicaid 1115 Transformation Waiver
AAIDD	American Association on Intellectual and Developmental Disabilities
AAS	American Association of Suicidology
ABA	Applied Behavioral Analysis
ACT	Assertive Community Treatment
ADA	Americans with Disabilities Act
ADD	Attention Deficit Disorder
ADHD	Attention Deficit Hyperactivity Disorder
ADL	Activities of Daily Living
ADRC	Aging and Disability Resource Center
AMH	Adult Mental Health
ANSA	Adult Needs and Strengths Assessment
AOP	Adult Outpatient
APM	Alternative Payment Model
APRN	Advanced Practice Registered Nurse
APS	Adult Protective Services
ARDS	Assignment Registration and Dismissal Services
ASH	Austin State Hospital
BCBA	Board Certified Behavior Analyst
BJA	Bureau of Justice Administration
BMI	Body Mass Index
C&Y	Child & Youth Services
CAM	Cost Accounting Methodology
CANS	Child and Adolescent Needs and Strengths Assessment
CARE	Client Assignment Registration & Enrollment
CAS	Crisis Access Services
CBT	Computer Based Training & Cognitive Based Therapy
CC	Corporate Compliance
CCBHC	Certified Community Behavioral Health Clinic
CCP	Charity Care Pool
CDBG	Community Development Block Grant
CFC	Community First Choice
CFRT	Child Fatality Review Team
CHIP	Children's Health Insurance Program
CIRT	Crisis Intervention Response Team
CISM	Critical Incident Stress Management
CIT	Crisis Intervention Team
CMH	Child Mental Health
CNA	Comprehensive Nursing Assessment
COC	Continuity of Care
COPSD	Co-Occurring Psychiatric and Substance Use Disorders
COVID-19	Novel Corona Virus Disease - 2019
CPS	Child Protective Services
CPT	Cognitive Processing Therapy
CRCG	Community Resource Coordination Group
CSC	Coordinated Specialty Care
CSHI	Cleveland Supported Housing, Inc.
CSU	Crisis Stabilization Unit
DADS	Department of Aging and Disability Services
DAHS	Day Activity and Health Services Requirements
DARS	Department of Assistive & Rehabilitation Services
DCP	Direct Care Provider
DEA	Drug Enforcement Agency
DFPS	Department of Family and Protective Services
DID	Determination of Intellectual Disability

DO	Doctor of Osteopathic Medicine
DOB	Date of Birth
DPP-BHS	Directed Payment Program - Behavioral Health Services
DRC	Disaster Recovery Center
DRPS	Department of Protective and Regulatory Services
DSHS	Department of State Health Services
DSM	Diagnostic and Statistical Manual of Mental Disorders
DSRIP	Delivery System Reform Incentive Payments
DUA	Data Use Agreement
DUNN	Dunn Behavioral Health Science Center at UT Houston
Dx	Diagnosis
EBP	Evidence Based Practice
ECI	Early Childhood Intervention
EDO	Emergency Detention Order
EDW	Emergency Detention Warrant (Judge or Magistrate Issued)
EHR	Electronic Health Record
EOU	Extended Observation Unit
ETBHN	East Texas Behavioral Healthcare Network
EVV	Electronic Visit Verification
FDA	Federal Drug Enforcement Agency
FEMA	Federal Emergency Management Assistance
FEP	First Episode Psychosis
FLSA	Fair Labor Standards Act
FMLA	Family Medical Leave Act
FTH	From the Heart
FY	Fiscal Year
HCBS-AMH	Home and Community Based Services - Adult Mental Health
HCS	Home and Community-based Services
HHSC	Health & Human Services Commission
HIPAA	Health Insurance Portability & Accountability Act
HR	Human Resources
HUD	Housing and Urban Development
ICAP	Inventory for Client and Agency Planning
ICF-IID	Intermediate Care Facility - for Individuals w/Intellectual Disabilities
ICI	Independence Communities, Inc.
ICM	Intensive Case Management
IDD	Intellectual and Developmental Disabilities
IDD PNAC	Intellectual and Developmental Disabilities Planning Network Advisory Committee
IHP	Individual Habilitation Plan
IMR	Illness Management and Recovery
IP	Implementation Plan
IPC	Individual Plan of Care
IPE	Initial Psychiatric Evaluation
IPP	Individual Program Plan
ISS	Individualized Skills and Socialization
ITP	Individual Transition Planning (schools)
JDC	Juvenile Detention Center
JUM	Junior Utilization Management Committee
LAR	Legally Authorized Representative
LBHA	Local Behavioral Health Authority
LCDC	Licensed Chemical Dependency Counselor
LCSW	Licensed Clinical Social Worker
LIDDA	Local Intellectual & Developmental Disabilities Authority
LMC	Leadership Montgomery County
LMHA	Local Mental Health Authority
LMSW	Licensed Master Social Worker
LMFT	Licensed Marriage and Family Therapist
LOC	Level of Care (MH)

LOC-TAY	Level of Care - Transition Age Youth
LON	Level Of Need (IDD)
LOSS	Local Outreach for Suicide Survivors
LPHA	Licensed Practitioner of the Healing Arts
LPC	Licensed Professional Counselor
LPC-S	Licensed Professional Counselor-Supervisor
LPND	Local Planning and Network Development
LSFHC	Lone Star Family Health Center
LTD	Long Term Disability
LVN	Licensed Vocational Nurse
MAC	Medicaid Administrative Claiming
MAT	Medication Assisted Treatment
MCHC	Montgomery County Homeless Coalition
MCHD	Montgomery County Hospital District
MCO	Managed Care Organizations
MCOT	Mobile Crisis Outreach Team
MD	Medical Director/Doctor
MDCD	Medicaid
MDD	Major Depressive Disorder
MHFA	Mental Health First Aid
MIS	Management Information Services
MOU	Memorandum of Understanding
MSHI	Montgomery Supported Housing, Inc.
MTP	Master Treatment Plan
MVPN	Military Veteran Peer Network
NAMI	National Alliance on Mental Illness
NASW	National Association of Social Workers
NEO	New Employee Orientation
NGM	New Generation Medication
NGRI	Not Guilty by Reason of Insanity
NP	Nurse Practitioner
OCR	Outpatient Competency Restoration
OIG	Office of the Inspector General
OPC	Order for Protective Custody
OSAR	Outreach, Screening, Assessment and Referral (Substance Use Disorders)
PA	Physician's Assistant
PAP	Patient Assistance Program
PASRR	Pre-Admission Screening and Resident Review
PATH	Projects for Assistance in Transition from Homelessness (PATH)
PCB	Private Contract Bed
PCIT	Parent Child Interaction Therapy
PCP	Primary Care Physician
PCRP	Person Centered Recovery Plan
PDP	Person Directed Plan
PETC	Psychiatric Emergency Treatment Center
PFA	Psychological First Aid
PHI	Protected Health Information
PHP-CCP	Public Health Providers - Charity Care Pool
PNAC	Planning Network Advisory Committee
PPB	Private Psychiatric Bed
PRS	Psychosocial Rehab Specialist
QIDP	Qualified Intellectual Disabilities Professional
QM	Quality Management
QMHP	Qualified Mental Health Professional
RAC	Routine Assessment and Counseling
RCF	Residential Care Facility
RCM	Routine Case Management
RFP	Request for Proposal

RN	Registered Nurse
ROC	Regional Oversight Committee - ETBHN Board
RPNAC	Regional Planning & Network Advisory Committee
RSH	Rusk State Hospital
RTC	Residential Treatment Center
SAMA	Satori Alternatives to Managing Aggression
SAMHSA	Substance Abuse and Mental Health Services Administration
SASH	San Antonio State Hospital
SH	Supported Housing
SHAC	School Health Advisory Committee
SOAR	SSI Outreach, Access and Recovery
SSA	Social Security Administration
SSDI	Social Security Disability Income
SSI	Supplemental Security Income
SSLC	State Supported Living Center
STAR Kids	State of Texas Reform-Kids (Managed Medicaid)
SUD	Substance Use Disorder
SUMP	Substance Use and Misuse Prevention
TAC	Texas Administrative Code
TANF	Temporary Assistance for Needy Families
TAY	Transition Aged Youth
TCBHC	Tri-County Behavioral Healthcare
TF-CBT	Trauma Focused CBT - Cognitive Behavioral Therapy
TCCF	Tri-County Consumer Foundation
TCOOMMI	Texas Correctional Office on Offenders with Medical & Mental Impairments
TCRMF	Texas Council Risk Management Fund
TDCJ	Texas Department of Criminal Justice
TEA	Texas Education Agency
TIC/TOC	Trauma Informed Care-Time for Organizational Change
TMHP	Texas Medicaid & Healthcare Partnership
TP	Treatment Plan
TRA	Treatment Adult Services (Substance Use Disorder)
TRR	Texas Resilience and Recovery
TxHmL	Texas Home Living
TRY	Treatment Youth Services (Substance Use Disorder)
TVC	Texas Veterans Commission
TWC	Texas Workforce Commission
UM	Utilization Management
UW	United Way of Greater Houston
WCHD	Walker County Hospital District
WSC	Waiver Survey & Certification
YES	Youth Empowerment Services
YMHFA	Youth Mental Heath First Aid
YPS	Youth Prevention Services
YPU	Youth Prevention Selective

Updated September 2023